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THE

HOMŒOPATHIC VADE MECUM

OF MODERN

MEDICINE AND SURGERY.

BY

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WITH CLINICAL DIRECTORY.

NEW EDITION.

WITH PREFACE AND MATERIA MEDICA APPENDIX

BY

JOHN H. CLARKE, M.D.

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PREFACE.

The sterling practical value of Dr. Ruddock's work is attested once more by the rapid exhaustion of the last edition issued in 1923, under the editorship of Drs. Wheeler and MacGowan. My own association with the *Vade Mecum* is of older date. The edition of 1899 was prepared by myself, and the publishers have again invited me to introduce another after a lapse of a quarter of a century, several large editions, which have kept the work well up to date in all scientific aspects having appeared in the interval.

I am happy to have this opportunity of renewing my association with Dr. Ruddock's *magnum opus* for more reasons than one. In the first place, in spite of certain superficial changes in the attitude of the old school towards homœopathy, there is no change of radical significance. This is not astonishing to anyone who is acquainted with the limitations of the average human mentality. Most men, and nearly all men who are generally supposed to be men of science, are actuated much more powerfully by their sub-conscious mentality than they are by pure reason. This means that for the most part they are under the rule of untutored instincts and prejudices. If it had been otherwise a certain recent admission made by the *Lancet* could not have failed to revolutionise the attitude towards Homœopathy, both of itself and of the entire body of its readers. In its issue of December 9th, 1922, the *Lancet*, in the course of

PREFACE TO NINTH EDITION.

In preparing this edition we have revised the former one carefully and made such changes as time has rendered necessary. Considerable additions and alterations in especial have been made to sections on Nervous Diseases and Digestive Diseases, and the Ductless Glands are dealt with for the first time. The bulk of the work stands and we have retained many old headings, although they stand for symptoms and not for diseases (*e.g.*, diarrhœa, etc.), because Ruddock is the layman's book primarily, and to the layman it is the prominent symptom which naturally calls for treatment.

The older sections on diseases now rare (Typhus, Relapsing Fever, etc.) are retained in the main, for it seemed to us right to keep the hand of Dr. Ruddock as much in evidence as possible.

C. E. Wheeler, M.D.
A. MacGowan, M.B.

82, Wimpole Street,
W.1.

PREFACE TO EIGHTH EDITION.

RUDDOCK'S Vade Mecum finds justification for its existence in the constant demand that is made for it. Since the last edition, however, medical and surgical science has made still further advances, and while the medicinal treatment recommended in previous issues requires little or no alteration, since the law of Homœopathy is an abiding law, certain statements as to causes and nature of certain diseases are now out of date and certain additions need to be made to express newer knowledge. In this edition the work has been entirely revised, and in many places re-written. Mr. Eadie has taken charge of all that can be called Surgical, and Dr. Wheeler of all that pertains to Medical Practice. The Editors felt that wherever possible Dr. Ruddock's own words should stand for the ground work of the book, and much indeed of the superstructure is his, but as some of the additions have meant the use of more space, portions of the work which seemed less necessary have been sacrificed so as not to increase the bulk of the book unduly. Nothing of importance has been omitted; on the contrary, much of great importance has been added—including new chapters on Homœopathy, on Vaccines, Sera and Immunity, and on Tropical Diseases. The preface to former editions follows, with a few omissions rendered necessary by the lapse of time. The Editors trust that Ruddock in its new and revised form will be not less, but even more useful than before.

JAMES EADIE, F.R.C.S.
CHARLES WHEELER, M.D., B.S., B.Sc.

PREFACE TO FORMER ISSUES.

THE previous issues of this Manual having been rapidly exhausted, the Author here presents a new edition, which he has diligently revised, every line having been carefully read, and new matter, calculated to enhance its value and utility, introduced on nearly every page.

The general arrangements of the volume are unchanged, the new matter being introduced chiefly by condensing portions which admitted of that process. In short, all the light which the most recent researches have thrown on medicine and surgery has been as far as possible introduced into the various sections. It is therefore hoped that the volume will meet with the favourable reception accorded to former editions.

As in the preceding editions, so in the present, the Author has confirmed the results obtained in his own practice by frequent references to, and quotations from, standard works, and the medical literature, both of the new and old school. He does not lay claim to any great discoveries, or to being in advance of his colleagues or of modern medical authors : his special aim has been to embody the results of the observations deduced from his own practice, and systematically to record fundamental principles and facts heretofore widely and inconveniently scattered.

He therefore claims for the Manual the character of a "representative book" of modern medicine and surgery as taught in the clinics of our hospitals, and practised by the most advanced physicians and surgeons of the day.

The principles and practice here advocated are not drawn from an isolated school, but from the writings and experience of the great world of medicine—Homœopathy, Allopathy, and Hydropathy; in short, from any and every quarter likely to give dignity and worth to the healing art. We totally repudiate the application of the term "sectarians"; as Homœopaths, we, indeed, claim to be in advance of our Allopathic brethren; for, besides standing on the same level as fully-educated and legally accredited members of the medical profession, we have not shut our eyes to the discoveries of the illustrious Hahnemann. They are the "sectarians" who, because we believe in Homœopathy, excommunicate us from their societies, and refuse to accord to us professional courtesy. Our aim is to terminate as a personal and sectarian matter any differences that exist, and to relegate the whole question to the more peaceful fields of scientific discussion and clinical investigation.

Objections are often raised to medical works like the present, on the ground that they encourage amateur practitioners, and are therefore dangerous, and interfere with the legitimate pursuits of the medical profession. These objections are entirely groundless. In nearly every family, domestic drugs—Castor Oil, Epsom Salts. Rhubarb, Sulphur, Magnesia, Quinine, Antibilious Pills, Hydrate of Chloral, Bromide of Potassium, and even preparations of Mercury and Opium—*are* employed.

and our object in the production of this book is to reform domestic treatment, by substituting remedies and suggesting measures which, while generally harmless for evil, are powerful for good. It is useless to attempt to suppress amateur doctoring ; on the contrary we sincerely hope that such practitioners may find much to help them in the following pages. Simple and uncomplicated cases—Cold, Fever, Dyspepsia, etc. —may often be arrested at their outset ; but which, if neglected, may form the nucleus of serious or even fatal disorders.

A fact which specially justifies the preparation of this Manual is the necessity for meeting, as far as possible, the requirements of persons residing in localities where professional homœopathic treatment is inaccessible. An extensive correspondence, and frequent interviews with persons who have come from various parts of Great Britain, Europe, India, China, and the Colonies, convince the Author of the importance of making some provision for patients who are placed in the circumstances referred to, till professional men generally have been led to the study and practice of medicine according to the law of similars. Information frequently reaches him showing the urgent need for the wider diffusion of homœopathic knowledge, and narrating the happy and often striking results of the application of that knowledge as taught in the following pages.

It is scarcely necessary to add that, in serious or doubtful cases of illness, or when the treatment herein prescribed is insufficient to effect improvement in a reasonable time, a homœopathic practitioner should be consulted. The vast and ever-accumulating resources at the disposal of a professional Homœopath, of which this Manual represents but a fraction, place him on high vantage-ground as compared with a domestic practitioner. Cases are of daily occurrence which show that, equally for the homœopathic and the allopathic practitioner, it is impossible to act in the best way for the interests of patients without professional training. Apparently trifling symptoms which escape the non-professional observer, clever though he may be, immediately attract the attention of the informed eye and ear of the physician, and put him on the alert for further discovery. A trifling impediment in the speech, and a slight difference in the size of the pupils, so insignificant as to escape the observation of the patient or his friends, may be indicative of a grave organic disease when associated with some little strangeness in the conduct or defect in the memory. A hundred other points the professional man detects, and estimates according to their importance ; and this can be done only by one who has received a special education ; for such a one is alone able *early* to recognize many important signs and symptoms. A trained medical observer, too, views disease from a higher standpoint, and often recognizes a relationship between a local lesion and a constitutional condition. In many diseases described in the following pages we have pointed out that connection ; but diseases occur under such widely different circumstances, and vary so much in their effects, duration, and intensity in individual cases, that considerable modifications have to be pursued in treatment. Indeed, we have but attempted to indicate the broadest lines of practice. The finer distinctions and exact adaptation of treatment must depend on the intelligence and judgment of the professional man.

A great advantage arising from professional treatment is the amplitude of the resources of a homœopathic doctor, not merely in the multitude of remedies at his command, but in the varieties of attenuations or dilutions which he can adapt to the constitutional peculiarities, age, sex, and habits of the patient. The writer is neither a low nor a high dilutionist, but ranges his doses from low tinctures or triturations to the higher attenuations as circumstances require. The question of dilution is one of greater importance than is usually accorded to it. Thus, for example, *Nux Vomica,* extremely useful in many cases of Indigestion, if given for Constipation in the first or second dec. dil., frequently aggravates; while in a higher dilution it is a remedy of prime importance in the correction of this condition. On the other hand we have often found low dilutions, and even the strong tinctures, efficacious in our practice after the high dilutions had been found inefficient. The question of dilution is too wide to be discussed here theoretically; but in the "Text-Book" we have to some extent met the subject *practically* by pointing out the different dilutions that have been found most successful in various diseases.

The Author wishes to call especial attention to the introductory chapters of this work, which are devoted to the consideration of Hygiene and Dietetics. These subjects are of primary importance, and if the directions therein were more generally carried into effect, a frequent reference to the purely medical portions of the book would be less necessary.

The Manual is not intended for domestic use only , the Author has equally endeavoured to meet the requirements of medical students, junior practitioners, and allopathic medical men commencing the study and practice of Homœopathy. He has received many assurances from all parts of the world that for such the work has been of great utility.

To meet the wants of those readers who wish for fuller information and more accurate details, reference is made at the foot of many pages to the *Homœopathic World,* in which is being continually gathered up the experience of medical men of every school. It is, in fact, a monthly supplement to all the works of the Author. And those who possess the works will find it advantageous to note in the margins references to illustrative remarks and cases that have appeared from time to time in the *World.* This will be the best means of utilising the information which is presented from month to month, and of being prepared for more intelligent treatment of disease at the moment when it is required.

In conclusion, this Manual throughout is eminently practical, and the Author has steadily kept in view the important fact that persons consult books just as they do doctors, in the hope of being cured, and that the best book is that which teaches how the desired cures may be effected. He has great confidence in the principles enunciated in the volume ; and this confidence continually deepens as, year after year, his experience accumulates from the daily application of them in the exercise of his profession. He heartily thanks numerous correspondents, known and unknown, who have put his instructions to the test of clinical experiment, and have given assurance that in the *Vade Mecum* they have found the necessary guidance for the correct diagnosis and successful treatment of numerous diseases. This unsolicited testimony is the most satisfactory proof he could desire of the value of the Work.

Every intelligent and diligent reader may contribute his mite towards a fuller and more definite knowledge of the remedies herein prescribed, by giving the results of his experience in their use, or by provings upon himself or others. The large amount of good, both in prevention and cure, anticipated from previous editions of this Work, is even more confidently hoped for from this.

E. HARRIS RUDDOCK.

HINTS TO THE READER.

I.—When the Work is consulted, the *whole* Section devoted to the disease referred to should be studied—the symptoms, causes, medicines, and accessory means—before deciding on the treatment. One portion of a Section throws light upon another, and hesitation in the choice of a remedy may often be removed by considering the Section in its entirety.

II.—Facility of reference may be secured by an acquaintance with the arrangement of the Manual; it is divided into parts, chapters, and sections; the headings on the top of the left-hand pages mark the general subject or class of diseases under consideration, and those on the right the particular topic or disease to which it is appropriated.

At the commencement of each Section in Part III., the principal designations by which a disease is known are given; the first, in thick type, being invariably the one adopted in the *New Nomenclature*, and that by which it is desirable that the disease be in future uniformly styled; the second, in italics, and within parentheses, is the Latin name: when other names follow, they are synonyms or common appellations. Medical terms are occasionally used, but they are either explained in the text, or in the *index* at the end of the volume; this index is again made increasingly copious, and every point of importance may be found by it. Consultation is further made easy by a table of contents at the commencement.

III.—Occasionally remedies are prescribed without describing in detail the symptoms by which their use is indicated. Under such circumstances, and whenever hesitating in the choice of a remedy, the reader is referred to the MATERIA MEDICA ; a comparison should be made between the symptoms of the case under consideration, and the essential features peculiar to each remedy. The Materia Medica forms a most important part of the volume, and an attentive study of it will give a broad and tolerably exact knowledge of many valuable remedial agents, and a measure of skill in using them. For a more complete study of the subject, the Author's Text-Book may be consulted.

IV.—Persons desirous of being able to act wisely and promptly in the *general* treatment of disease should *read this Manual through, from the first page to the last.* The first Part is devoted to *Hygiene ;* the second to *Accessory Measures ;* the third to *Diseases* and their treatment ; and the fourth to *Materia Medica.* Many important practical points are scattered through the various Sections, but, to economize space, they are not repeated, and so may be lost to those who only read detached portions. Even after having read the Manual through, an occasional half-hour spent in perusing it will facilitate its consultation in cases of urgency

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PART I.

Introductory.

CHAPTER I.

HYGIENIC OBSERVATIONS.

1.—Hygiene.

MEDICAL HYGIENE is that branch of science which treats of the preservation of health by means which contribute to the most perfect development of the body, rendering life more vigorous, decay less rapid, and death more distant. It embraces various influences operating upon the physical condition of individuals and communities, whether in promoting their material good, or preventing their deterioration. It consists essentially in the prevention of disease by the removal of its avoidable causes, and consequently involves legislative control, that the safety of the whole may be protected against the errors of the few. In its widest sense, the term Hygiene implies rules for the perfect culture of the mind and body. " If our knowledge were exact, and our means of application adequate, we should see the human being in his perfect beauty, as Providence probably intended him to be; in the harmonious proportions and complete balance of all parts, in which he came out of the hands of his Maker, in whose divine image, we are told, he was in the beginning made" (*Parkes*).

Such a condition, if ever attainable, is, we fear, far distant at present. But if not fully obtainable, it is at least our duty to aim at that millennium of sanitary philosophers when all disease is to be *prevented,* not cured. This Manual is our contribution towards that desirable consummation ; and although our knowledge and powers are incomplete and limited, sufficient is herein pointed out to change the whole aspect of the world. While, however, we have in this volume pointed out the main causes of physical deterioration and disease, and how these may be avoided or controlled, the well-being of individuals and communities must essentially depend on personal and united efforts and self-restraint. "Sanitary improvements in man's material surroundings will not compensate for social transgressions against laws of morality ; for public virtue is essential to public health, and both to national prosperity" (*Dr. G. Wilson*).

Our observations on Hygiene are necessarily restricted and fragmentary, but withal highly important, and their general adoption would be fraught with rich advantages. It is hoped that, as the result of the education of the masses, a solid groundwork may be laid for the promotion of the national health. The rudiments of medical hygiene may be taught and rendered attractive in schools, and should not be regarded as of less moment than the languages of extinct nations, or the records of ancient history. The public press, and more especially popular medical works, may so augment the general knowledge of the causes of disease as to prevent much existing suffering and diminish unnecessary waste of human life. It is, indeed, satisfactory to know that these means, as far as they have been adopted, have already largely contributed to these desirable results.

2.—General Plan of Dietary.

Homœopathy is not a system of diet, but of medical treatment. Extended observation proves that the curative action of remedies, chosen according to the homœopathic law, is but little affected by the food or beverages ordinarily taken; hence, beyond the prohibition of certain articles which disagree with the patient, interfere with the bodily functions, or impose on weak or diseased organs a task to which they are unequal, homœopathic physicians interfere but little with their patients' diet.

The food of the *invalid*, however, must be regulated according to the nature, stage, and progress of the malady from which he is suffering; therefore, the diet appropriate in various acute and chronic diseases will be found prescribed in the various sections of this *Vade Mecum* in their appropriate places.*

CIRCUMSTANCES REGULATING THE DIETARY.—In constructing dietaries, the following points must be kept in view:—

(1) *Work.*—Besides maintaining the body in health, food is the source of the active energy exhibited in all work or mechanical motion. It follows, therefore, that the diet must be regulated by the amount of work to be performed.

(2) *Exercise.*—The opportunity for taking regular exercise in the open air should be considered. Quiet

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* See also "Essentials of Diet; or, Hints on Food in Health and Disease" by the same Author.

and sedentary habits demand only a limited amount of generous diet, and much meat, with its surplus nitrogenous ingredients, is undesirable.

(3) *Age.*—Milk and farinaceous substances should form the *staple* food up to the ninth or tenth year. At fourteen years of age a girl requires as much nutriment as a woman. A *growing* young man, who does the same amount of work as an adult man, requires more food than the latter. When growth and tissue changes are at their maximum, food must be good in quality and abundant in quantity.

(4) *Individual Differences.*—A weakly person who eats little requires food of a better quality and nicer flavour than one of robust constitution and hearty appetite. What are termed the "fancies" of delicate persons, especially of children, are often natural instincts, pointing out what is beneficial to the system or the reverse.

(5) *Climate.*—In cold seasons and climates the food should contain an excess of fatty constituents; but in warm climates the starchy or farinaceous should preponderate. More food, too, is required in cold countries, and in cold seasons, than in hot.

MEALS.

The following suggestions as to the dietary arrangements of persons in health, with occasional modifications, and allowing for individual differences, will generally be found suitable.

Breakfast. *Breakfast* at eight a.m. This meal may consist of bread or dry toast, with a moderate quantity of fresh butter, to which a new-laid egg, boiled three minutes, may be added; or a little home-fed cold boiled bacon, chicken, game, or fish may be allowed to those who take much bodily exercise. For growing boys and girls at schools, the bread-and-butter, with poor tea or coffee, which is in some cases exclusively and invariably provided for the morning and evening meal, is very insufficient.

A breakfast-cupful of cocoa, prepared from fresh nibs, or shells, according to the directions given in section 4, is often suitable and preferable to strong tea or coffee. For some, milk-and-water is more digestible.

Breakfast is an important meal, and its digestion ought never to be endangered by taking it too hurriedly, or commencing a quick walk, or other active mental or physical exercise, immediately after it. It would be an immense gain to the hard-working city man to make it a uniform habit to rise sufficiently early to allow ample time to enjoy a leisurely breakfast, and sufficient time after for its digestion to have made some progress before again taxing the physical or mental powers.

Dinner. *Dinner* at one p.m. Wholesome fresh meat and fresh vegetables,—potatoes, cabbage, broccoli, spinach, peas, French beans, etc.—carefully proportioned, plainly cooked, served hot, and properly and slowly masticated. These should be varied from day to day, with occasional additions, in moderate quantities, of fruit or farinaceous puddings ; and fish substituted once or twice a week for other animal food. Variety should be secured by different methods of cooking the same food, as well as by varying the food itself. A great improvement in health takes place, especially in the case of children, when this suggestion is carried out. Highly seasoned dishes, condiments, pickles, salt and dried meats, rich or heavy pastry, and cheese should be excluded from the dietary of persons who wish to be healthy, especially of those whose habits are sedentary, or who use their brains considerably. Twice-cooked meat or fish is never a good article of diet. It is better to eat meat cold the second day, rather than in hash or other dished-up fashion. Weakly persons who are obliged to take much exercise may drink a small quantity of malt liquor (never exceeding half a pint) if they are benefited by it ; but in the great majority of cases fermented liquors had better be avoided, and a few sips of filtered water, or a wine-glass of claret, hock, or other light still wine, diluted with an equal quantity of water, substituted. In the generality of cases, especially boys at school, persons are only rendered heavy and sleepy by the use of beer at this meal. But too much cold water at dinner lowers the temperature of the stomach, and so interrupts digestion. A glass of hot water an hour before dinner obviates the need to drink during that meal. Taking wine after dinner is a luxurious, not a healthy habit ; and all that can be said of it from a hygienic point of view, is, *the less taken the better.* A dessert of wholesome fruit is very desirable—apples, pears, oranges, grapes, peaches, strawberries, gooseberries, etc.

Tea. *Tea* may be taken at six or half-past, and include one or two small cups of black tea, preferably China tea, or cocoa prepared from the nibs, or shells, with bread or dry toast, butter, fruit, or marmalade, as may be found most digestible or agreeable. In schools the addition of a little green stuff, as water-cress, lettuce, radishes, etc., is very desirable. If it be the last meal in the day, and the person be not plethoric, and taking a great amount of physical exercise, the meal may include some light meat, chicken, or white fish. In that case water is the best drink. Tea especially renders meat very indigestible.

Late Dinners. A different arrangement is necessary for persons who dine late, as then a *luncheon* should be taken at about one p.m., which may consist of a plate of good beef soup, with vermicelli, rice, or toasted bread in it. Some food ought to be taken; the custom of only taking a biscuit or some such trifle is pernicious, for the system becomes too exhausted for the proper digestion of a full, late dinner. If meat has been taken at breakfast, bread-and-butter, biscuits, or sandwiches will suffice; wine and malt liquors are better avoided. Dinner may be taken in the evening, and include the dishes already mentioned.

In all cases in which the circumstances permit of it, the dinner-hour may be advantageously deferred until seven or seven-thirty p.m., when the engagements of the day are concluded, and persons are not likely to be disturbed by professional or business calls, so that sufficient time may be devoted to it, and that rest (not sleep) taken after it which the principal meal requires, but which it is often impossible to give to it in the middle of the day. Persons much pressed should not ingest full meals during the hours of occupation; a light repast is then best, the principal meal being taken in the evening, when the work of the day is finished. Heavy meals taken during the hours of physical or mental labour, without sufficient rest, are almost certain, eventually, to lead to derangement of the digestive organs.

Supper. If under exceptional circumstances this be necessary, it should be of the lightest and simplest character. A small quantity of farinaceous food, which may be easily digested, is all that is required. For example, in the case of school boys and girls, who have dined early, a light repast of bread and milk, or milk porridge is suitable.

Objectionable, however, as it is to go to bed with a full stomach, it is also objectionable to go to bed with an empty one. Restlessness and sleeplessness accompany repletion ; they also accompany fasting. The student or literary man whose labours continue far into the night, should therefore be careful to have some light nourishment some time before he retires if he has any difficulty in getting to sleep.

3.—On Cooking Animal Food.

Cooking subserves several very important purposes, and therefore demands more intelligent consideration than is usually given to it. Uneducated persons do not understand the reasons for certain preparations and processes, and only act according to custom and the traditions of the kitchen and the sick-room. Hence, good food is wasted and spoiled, and both the healthy and diseased are disappointed of the anticipated flavour and nourishment. Cooking removes some things that might prove injurious, destroying parasitic germs that may exist. It renders food more pleasant to the eye, agreeable to the palate, and digestible by the stomach. It softens connective tissue, relaxes muscular fibre, coagulates albumen, and solidifies fibrine, thus making the whole substance less cohesive and more easily masticated, dissolved, and assimilated. Previous beating and bruising facilitates the process, and makes the flesh more tender ; hence the common custom of beating chops and steaks. The warmth of the food also aids digestion.

In cooking animal food, the following processes are in ordinary use: Boiling, Roasting, Broiling, Baking, Frying, Stewing. Speaking generally, about one-fourth of the weight is lost by the process; but the loss varies with the quality of the meat and the process employed. Dr. Letheby estimated the loss at the following percentages:—

	Boiling.	Baking.	Roasting.
Beef, generally	20	29	31
Mutton, generally	20	31	35
,, Legs	20	32	33
,, Shoulders	24	32	34
,, Loins	30	33	36
,, Necks	25	32	34
Average	23	31	34

The loss arises principally from evaporation of water, the escape of fat and nutritive juice, and the destructive action of heat. According to Dr. Letheby, it is least in boiling, greatest in roasting, because in the former process there is no evaporation of water. This suggests that in the baking and roasting endeavour should be made to prevent evaporation. Indeed, the perfection of cooking is to retain as much as possible of the constituent element of the meat; and this is accomplished in the different methods adopted by subjecting the meat at first to a strong, quick heat, which coagulates the albumen at the surface, and thus closes up the pores by which the nutritious juices would escape. A lower and less rapidly acting heat will then suffice; for, thereafter, the cooking goes on through the agency of the natural moisture of the flesh. Converted into vapour by the heat, a kind of steaming takes place, so that whether in the open, on the spit, or in the midst of boiling water, the meat is in reality cooked by its own steam. When properly prepared, instead of being dried up or insipid, the meat will be full of its own juice, which will flow forth as rich gravy at the first cut.

Boiling.—For this process a large joint is preferable. It should be put suddenly into *boiling* water, and remain at boiling temperature for five or ten minutes. By the contraction and coagulation thus caused, the internal juice is prevented either from escaping into the water by which it is surrounded, or from being diluted and weakened by its entrance through the pores. The boiling may then cease, and the remainder of the process may go on most effectually at a temperature of 160° to 170° F.; indeed, the common mistake is to shrink and harden the muscular fibre by the maintenance of excessive heat.

Roasting, to retain the nutritive juices, should take place quickly, and before a fierce fire at first; a lower heat, at a further distance from the fire, will then suffice.

Broiling should be done in the same way. A beefsteak or mutton-chop should be done quickly over a hot fire, that the natural juices may be retained.

Baking is but a method of roasting, but with this difference, that it takes place in a chamber from which there is usually no escape for the volatile fatty acids which are generated. They, therefore, impregnate the meat and render it richer and stronger, and less adapted for weak digestion.

Frying is, for the same reason, objectionable, because the fatty matter in which the meat is cooked produces an excess of the volatile acids; moreover, the fat is often burnt, and thus changed in its character, and rendered unsuitable for invalids.

Stewing is the best process for digestion. The meat should be just covered with cold water, then heated up and kept simmering, not boiling, till thoroughly done. The nutritive materials are diffused through the solid and liquid, which are then served up together. *Hashing* is the same process with meat previously cooked But. hashed or otherwise twice-cooked meat is very unwholesome.

There is another method of cooking, by which the meat is stewed in its own vapour alone. The meat is placed in a covered jar, the jar is put into water in a saucepan, and the water is made to simmer, and when a sufficient time has elapsed the meat is done quite tender, and well adapted to the invalid. Warren's Cooking Pot, and the "Norway Nest," are constructed to prepare meat in this way.

Soups, Broths, etc.—If, however, it is desirable to extract the nutriment so that it may be given in a liquid form, the meat should be finely chopped or minced, put into cold water, and after maceration for a short time, gradually heated to a simmering temperature, at which it should be kept for half-an-hour if *broth* be required. But if *soup* be wanted the heating should go on to boiling point, and be maintained there, in order that the gelatine may be extracted to solidify the soup. Bones yield abundant gelatine, but require long boiling. It should be carefully observed that the minced meat should be put into cold water for a time, never into boiling water at first. The actual amount of nourishment contained in soup (apart from fragments of meat or vegetables which it may contain) is small; but recent researches have shown that a small quantity serves admirably to stimulate the gastric glands to secretion, so that the practice of beginning a meal with (a little) soup is physiologically a sound one.

It is a cause of regret to find how extensively the principles we have expressed in this section are disregarded. Even in some well-informed circles there exists lamentable ignorance or extreme carelessness as to the proper method of cooking animal food so as to utilise its most valuable constituents

4.—Non-intoxicating Beverages.

Uses of Tea.—Owing to its stimulating action on the nervous system, tea is very serviceable to travellers and soldiers, and should be preferred to alcoholic stimulants after fatigue. It is equally efficacious against heat and cold, in nervous exhaustion, particularly in hot climates, or consequent on walking in the sun, especially when followed by shortness of breath, it has often proved strikingly beneficial. It excites vital action, and stimulates respiration, Though it supplies very little nutritive material, it increases cheerfulness and activity, clears and quickens the brain, stimulates the energies, and lessens the disposition to sleep. By its heat it warms the body when cold, by promoting the action of the skin it cools it when hot, and by its astringency it modifies the action of the bowels. It is better than coffee as a counteractive to beer. Of course, the use of every stimulant is followed by a certain reaction, and this statement applies to tea and to coffee no less than to alcohol. Therefore it should be used with moderation. China tea is more suitable to most persons than Indian, especially if digestion is weak.

Tea Injurious.—As commonly prepared, tea is often the cause of much Dyspepsia, particularly when drunk in excessive quantities, or too frequently—that is, as a rule, more than once a day. When tea causes loss of appetite, palpitation of the heart, mental excitement, or sleeplessness, obviously its use should be relinquished. Tea should never be given to children, even although largely diluted. The common practice of adding a small quantity of milk-and-water begets a relish for it, leading to its use at an age when the nervous and muscular systems require no such aid.

Tea taken with animal food—"tea-dinners," or "meat-teas," as they are called—is more liable to produce indigestion than when the meal consists chiefly of bread-and-butter. Two or three hours after dinner, when digestion has proceeded too far to be much interfered with, the habit of taking one or two small cups of tea is usually unobjectionable; but tea is always better avoided at bedtime.

Green Tea.—Pure green tea is the same leaf as the black, but more quickly dried, and in good qualities is not injurious. But inferior sorts, faced with a preparation of Prussian blue, gypsum, and indigo, are decidedly so.

Flavoured teas have been exposed during manufacture to the aromatic essences of plants, but though rendered somewhat more agreeable, are not of higher or lower chemical or dietetic value.

Preparation.—To make tea, especially for the dyspeptic, it should only be infused in boiling water three minutes, and then poured off into a heated teapot, so as to separate it from the leaves. Thus prepared, tea is not so likely to cause flatulence; but it is less economic than the ordinary method, much more tea being required. Soft water makes the best tea, but soda should not be used, for it only extracts the astringent tannin, while at the same time it "spoils the tea," both in flavour and beneficial effect. The water should only boil once, immediately before using it, and not for hours, as is sometimes the case ; the teapot should be quite *dry*, as well as hot, when the leaves are put into it, and the infusion, as before stated, not allowed to exceed three minutes.

Teapots that retain the heat are better than those that allow it to pass off readily ; hence black earthenware teapots should not be used ; white, glazed earthenware, or porcelain, are suitable ; but brightly polished silver teapots are the best, for they radiate much less heat than any other material. A " cosy " retains the heat.

Addition of Lemon.—The use of sugar in tea, except in small quantity, should be given up by persons who have a tendency to become corpulent. According to our taste, the flavour of tea is improved by substituting lemon for cream or milk ; pouring the hot tea over a slice of lemon cut with the rind upon it. Besides being more palatable, the lemon-juice more effectually allays thirst, and is especially valuable at those seasons of the year when fruits and fresh vegetables are not generally to be obtained.

COFFEE.—*Uses of Coffee.*—Coffee is a valuable beverage, especially for soldiers ; it is invigorating without producing subsequent collapse, and the hot infusion is almost equally useful as an antidote to heat and cold : in the one case by the warmth of the infusion, in the other by its action on the skin, while in both cases it acts beneficially by stimulating the nervous system. (See Parkes on " *Practical Hygiene.*") It increases the action of the heart and the fulness of the pulse, and stimulates the mucous membranes. In fatigue, privation, and indeed under ordinary circumstances, coffee is preferable to alcoholic beverages. It is useful when weary from travel in the heat, *with deprivation of food.* It economizes other nourishment by lessening waste. It is often serviceable in the headache of nervousness and exhaustion, or in cases of diarrhœa caused by overwork, with *too much care.* A strong infusion helps to keep awake persons poisoned by *opium,* and to allay the effects of the immoderate use of wine and spirits.

Coffee Injurious.—In some persons coffee produces headache, sleeplessness, deranged vision, mental excitement, palpitation, and indigestion, and by such should not, therefore, be taken as a beverage. It is also somewhat laxative to some persons, whilst it constipates others. It is more heating and stimulating than tea, and raises the pulse, but it is heavier and more oppressive to the stomach.

Preparation.—A most important point in making good coffee is to use a *sufficient quantity* of the powder. The minimum that should be allowed is 1¼ oz. to a pint of water. The *café noir* of the French contains a larger proportion than this. *Café au lait* consists of a decoction of strong coffee, to which an equal quantity of hot milk is added. It is especially necessary to remember that the full qualities of coffee are not obtained if water is used at a temperature lower than that of the boiling point. It even bears boiling, which tea does not. The particles of ground coffee are often found suspended in the liquid, and isinglass or white-of-egg is sometimes used to refine it. Nothing, however, is required beyond pouring a cupful out and returning it to the pot to effect the necessary clearing.

Or, a coffee-pot may be obtained larger in circumference, but not so high as they are usually made; a flannel bag three inches deep should be sewn on to a wire running round the rim; and the bag should be kept from the spout by means of two straight pieces of wire soldered inside, from the rim to the bottom, in front of the spout. The coffee is placed in this bag, the required quantity of boiling water is poured gradually upon it, and allowed to run through, after which it can be boiled to extract the remaining strength of the powder.

The addition of boiling milk, in the proportion of one-fourth part, adds greatly to the flavour and virtue of the coffee. Lastly, when coffee is taken daily, an enamelled saucepan should be used exclusively for this purpose.

After being roasted, coffee should not be kept long before it is ground. This is usually done in a coffee-mill. The mill should be used for no other purpose, as coffee has a marked tendency to absorb other odours, and thus to acquire a flavour not its own.

Lastly, when ground it should be used as soon as possible, for in this state it rapidly gives off its volatile oil. The best method for keeping it for a short time is in a clean, accurately-stoppered bottle. Lead or tinfoil covering does not so effectually retain the virtues of the ground coffee.

CHICORY.—With this coffee is generally mixed, to which it gives colour and body. Its properties are similar, but inferior to those of coffee; so that it rather lessens its value, while it modifies its flavour.

COCOA.—*Uses of Cocoa.*—The large amount of fat and albuminoid substance gives it some value as an article of diet, alike for strengthening the frame in conditions of debility, and sustaining it under prolonged or excessive exertion. During nursing it is most useful, tending, probably more than any other beverage, to maintain an excellent supply of maternal milk.

The combination of nourishing properties which cocoa contains has led to its being compared to milk. Humboldt states that cocoa and maize cakes are used by travellers in South Africa, and that the large amount of agreeable nourishment in small bulk enables them to carry easily several days' supplies. At the same time cocoa and chocolate contain stimulating ingredients which affect the nervous system and it is a mistake to think that these beverages cannot ever be harmful. As a rule, however, they are less deleterious than tea or coffee.

Preparation.—To produce from cocoa-nibs one of the most wholesome and nutritious of beverages, the following method is recommended :—For two persons, take of recent nibs a small teacupful, and soak in one quart of water overnight ; next morning boil briskly for two hours, then strain off, and use directly, with boiling milk. It should not be re-warmed, as it then loses its flavour, just as tea does when warmed up again. The cocoa is best boiled in a block-tin three-pint wine-muller, over a small gas-stove ; or, better still, in a new French milk-saucepan, which consists of white ware, fitted into an outside tin casing. The cocoa-nibs already soaked, as previously directed, should be put with a proper quantity of water into the white ware, the outside vessel being also filled with water, and boiled for two hours. Cocoa thus prepared, the author believes, from personal use, to be incomparably the best ; but when, from various reasons, the above method cannot be adopted, the preparation of well-known manufacturers may be substituted, and as breakfast beverages are often superior to tea or coffee.

Cocoa-shells or husks, the part of the plant, that is, which contains the nibs, also make an excellent beverage. The directions are as follows:—Take six tablespoonfuls of the shells and boil gently in a quart of water for six hours, adding water from time to time to keep the quantity to a quart. Once made, the cocoa will keep and can be made hot any time when required. It may be taken with hot milk like coffee, or with cold milk like tea. Cream and sugar may be added according to taste.

5.—Water.

There is no beverage so wholesome, or, to the unperverted taste, so agreeable, as pure water. It is the natural drink of man, is highly favourable to digestion, and may always be taken in moderation when thirst is present. It enters into the composition of the tissues of the body, forms a necessary part of its structure, and performs such important purposes in the animal economy as to be absolutely indispensable for life and health. Water enters largely into combination with our food; and articles that we take as food can only afford nourishment by being dissolved in it. It also acts as a vehicle to convey the more dense and less fluid substances from the stomach to their destination in the body. To prove how essential water is for the development and maintenance of the animal body, we may here state that a calculation has been made which shows that a human body, weighing 154 lbs., contains 111 lbs. of water. Such a fact suggests the necessity for obtaining water pure, and taking it unpolluted by animal and mineral ingredients.

Water may be obtained tolerably pure in rain or snow collected in suitable vessels in the open country, away from crowded dwellings and manufactories, where processes are constantly going on which tend to its deterioration. Spring, river, sea, surface, well, and mineral water, all contain various substances dissolved in them, which render them often unsuitable for drinking, or even to be used in the preparation of articles of diet. Even for cooking purposes and bathing, the purer water is the better. The purest water is obtained from deep wells, bored through the earth and clay down to the chalk (*Artesian Wells*).

It is most important that the receptacles for water—tanks and cisterns—should be carefully examined and thoroughly cleansed at regular seasons, especially after a time of drought, and before the approach of winter. Much mischief is done, and often disease induced, by allowing cisterns to fill up after they have been dry or the water in them low ; the quantity of sediment and filth is often very great, and if not carefully washed out becomes mingled with every fresh influx of water. The deleterious consequences that ensue from neglect of this duty are often alarming, although the source of the evil be unsuspected. At the same time it is an error to believe that the mere use of any kind of filter renders water fit for drinking. There are few filters that are not liable to do more harm than good, and where they are in use they require periodical and frequent cleansing. Filters of the Berkefeld type are satisfactory if the " candles " are periodically sterilized by boiling. In most large towns to-day the general water supply is above suspicion. If there is any doubt felt at any time or place, mineral waters, such as Malvern water, which contain very little inorganic material, or Salutaris water can be taken. To boil water will kill the germs that may be in it, but boiled or distilled water is very unpalatable until it has been aërated by passing through charcoal.

It is a fallacy to suppose that surface-well water is purer than that obtained from deep wells, because it is more sparkling and often cooler and clearer. The sparkling of these waters is due to the presence of carbonic-acid gas, and that acid may be derived from the decomposition of animal and vegetable substances.

"From this kind of impurity the water of deep wells in London, and of wells cut into rocks which bring their water from a distance from towns, are entirely free. They frequently contain inorganic salts in abundance, but they do not contain organic matters ; hence, for drinking purposes, they are far preferable to the waters of surface-wells" (*Lankester*).

6.—Air.

Sir Isaac Newton, it has been stated, only made one speech in Parliament : it was in the form of a request that *some one in the gallery would open the window.* It was a speech worthy of the philosophic mind, which had discovered some of the profoundest secrets of Nature. A proper supply of pure fresh air is essential to the preservation of life and health, as well as to the maintenance of cheerfulness of spirit and the consequent enjoyment of life. Although life may not be destroyed suddenly by breathing an impure atmosphere, still the vital energies are thereby slowly but surely impaired : this is especially the case with growing children and persons suffering from disease.

Impure Air.—The impurities of the air may be ranked under two heads : gases, and matters held in suspension. From the soil are wafted into the air particles of every chemical substance it contains. Near the dwellings of men, particles of carbon, hairs, fibres of cotton and woollen fabrics, etc., abound. The vegetable world contributes seeds, spores, germs, pollen, and light floating bodies. From the animal kingdom there are also germs, and particles of worn-out tissues. The organic vapours arising from the decomposition of animal and vegetable products all deteriorate the air.

Air Spoiled by Breathing.—In the process of breathing, the air loses a third part of its oxygen, the life-giving principle, and receives in exchange carbonic acid gas, a gas not only incapable of supporting life, but actually destructive to it. Such is the change effected by a solitary act of breathing ; and if this process goes on in an ill-ventilated room where several human beings are gathered together, the carbonic acid gas accumulates, usurps the place of the oxygen consumed, and so renders the air less and less fit for the renewal of life. Carbonic acid gas cannot support combustion ; hence a lighted candle partially or completely surrounded by it burns slowly and goes out ; and so is it with human beings, when more or less completely enveloped in an atmosphere charged with this gas : all the functions of the body are tardily and imperfectly performed, the muscular tissues are enfeebled, the breathing becomes oppressed, the head aches, and, in extreme cases, life is extinguished amidst sufferings of the most distressing nature. These symptoms are not due only to the carbonic acid gas, but largely to the other impurities accumulating through deficient ventilation. Pure carbonic acid gas, chemically produced, can be tolerated much better than the products of respiration. But the carbonic acid gas in any atmosphere affords a convenient measurement of all the impurities therein contained, for the others bear a fixed ratio to this one impurity. The fact can scarcely be too strongly stated that efficient ventilation cannot be secured unless sufficient space be made for the egress from the upper part of a room of the impure air, and provision in the lower part for moderate but sufficient access of fresh air from the surrounding atmosphere. In the greater number of dwelling-houses no direct provision at all has been made for this purpose, and the only ventilation obtained is due to the imperfect fittings of the windows and doors. On the contrary, the floors are covered with carpets, the windows and doors made as impervious as possible to the air, and in the ceiling no apertures exist for the escape of carbonic acid gas. In this way all classes of the community suffer almost equally.

Airy Sleeping Rooms.—The fact that carbonic acid gas is inimical to health and life shows the importance of making provision for its uninterrupted removal from our houses and places of assembly, and, above all, from our sitting-rooms and *sleeping-rooms. Airy, well-ventilated sleeping apartments should be ranked with the most important requirements of life, both in health and disease.* Bedrooms, in which about one-third of human existence is passed, are generally too small, crowded, and badly ventilated. The doors, windows, and even chimneys are often closed, and every aperture carefully guarded so as to exclude fresh air. The consequence is, that long before morning dawns, the atmosphere of the whole apartment becomes highly injurious, from the consumption of its oxygen, the formation of carbonic acid, and the exhalations from the lungs and the relaxed skin. In an atmosphere thus loaded with effluvia the sleep is heavy and unrefreshing, partaking more of the character of insensibility. There are some diseases in which the cause of death is simply an accumulation of carbonic acid gas in the blood; and this condition obtains, in some degree, in a badly-ventilated bedroom. If provision were made for the admission of fresh air, and the escape of impure air, the sleep would be lighter, shorter, and more invigorating. The open bedroom window is not only harmless, it is beneficial. A direct draught on to the sleeper can generally be avoided, but if it cannot it is preferable to closed windows. If there is free ventilation in the passage, the open door can sometimes replace the open window. To let the temperature of the bedroom fall unduly is sometimes of danger to the aged or infirm, so that in cold weather, some provision for warmth may need to be made, but there is no condition of life wherein a free supply of oxygen is not beneficial. A current of air may be prevented from playing on the face of the occupant by placing the bed in a proper situation, or by suspending a single curtain from the ceiling. During thick fogs or severe winds the apertures directly communicating with the external air may be closed, and ventilation secured from the adjoining landing.

Unpleasant as it is to dwell on such a subject, it is yet true that the exhalations from the human lungs and skin, if retained and undiluted with a continuous supply of oxygen (the active agent in *all* disinfectants), are the most repulsive with which we can come in contact. We shun the approach of the dirty and the diseased; we hide from view matters which are offensive to the sight and the smell; we carefully eschew impurities in our food and drink, and even refuse the glass that has been raised to the lips of a friend. At the same time "we resort to places of assembly, and draw into our mouths air loaded with effluvia from the lungs and skin and clothing of every individual in the promiscuous crowd;

exhalations offensive to a certain extent, from the most healthy individuals, but which, rising from a living mass of skin and lung in a state of disease, and prevented by the walls and ceiling from escaping, are, when thus concentrated, in the highest degree deleterious and loathsome " (*Bernan*).

The great practical inference is that the only means of preventing persons from poisoning themselves and others is to ensure their being constantly surrounded by fresh air. The air of an apartment containing several human beings, if unchanged, not only becomes charged with carbonic acid gas, but also encourages the growth and multiplication and concentration in a small space of any germs of disease which may be present, whereby the risk of infection is notably increased. There are no disinfectants to compare with fresh air and sunlight.

Ventilation of Schools.—The sanitary arrangements of many schools are notoriously bad. The buildings used for such purposes are often unsuitable, and the cubic and the window space totally inadequate. This applies often both to the schoolrooms and the sleeping-rooms, which are overcrowded and badly ventilated, causing loss of appetite, headaches, and general delicacy—effects often attributed to overwork, but in reality due to want of fresh air. Parents should always inspect the rooms, and ascertain their size, the position of the windows and fireplaces, and other facilities for ventilation, with the average number of occupants. A rough test of the efficiency of the ventilation of a schoolroom may be arrived at by entering it after it has been occupied some two hours, and comparing the difference existing between the air of the room, and that out of doors.

Badly Ventilated Churches, etc.—It is most important to bear in mind that the assembly in an ill-ventilated church,* court of law, schoolroom, theatre, ball-room, or evening party, may include in its number some as yet unsafe convalescents from the diseases previously mentioned. The only security we can suggest is, as far as possible to avoid all places of public resort or private gatherings in which the most ample provision is not made for the admission of fresh air, and for the uninterrupted escape of air spoiled by carbonic acid gas or animal exhalations. In the section on Small-pox it will be seen that in a recent epidemic the greatest success attended the treatment of patients absolutely in the open air in mild weather, and with the windows and doors constantly open, day and night, in the coldest months of the year. In the cure of general diseases, too, pure air exercises a very potent influence, and the open-air treatment of tubercular diseases (especially of the lungs) has now become a well established method of great value. Jackson, writing on the Peninsular war, states that more lives were destroyed by accumulating sick men in ill-ventilated apartments than in leaving them exposed to severe weather by the side of a hedge or common dyke; showing the priceless value of fresh air.

7.—Sunlight.

The importance of sunlight for the physical development and preservation is not duly appreciated. Women and children, as well as men, in order to be healthy and well-developed, should spend a portion of each day where the solar rays can reach them directly; this being particularly necessary when there is a tendency to tubercle. Just as sprouts of potatoes in dark cellars seek the light and are colourless till they come under its influence, and as vegetation goes on but imperfectly in places where sunlight does not freely enter, so children and adults who live almost entirely in dark kitchens, dingy alleys, and badly-lighted workshops, are pale-cheeked and feeble. Houses are only fit to be occupied at night that have been purified by the solar rays during the day.

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* "The wakefulness of congregations would be much promoted if the truth were more freely mixed with oxygen. Nothing, except dull sermons, make men more sleepy than carbonic acid."—*W. White.*

The value of sunlight for animal development may be illustrated by such a fact as the following:—The tadpole, kept in the dark, does not pass on to development as a frog, but lives and dies a tadpole.

It has been maintained that during the prevalence of certain epidemic diseases the inhabitants who occupy houses on the side of the street upon which the sun shines directly are less subject to the prevailing disease than those who live on the shaded side. In all cities visited by the Cholera the greatest number of deaths took place in narrow streets, and on the side of those having a northern exposure, where the salutary beams of the sun were excluded. It is stated that the number of patients cured in the hospitals of St. Petersburg was four times greater in apartments well lighted than among those confined in dark rooms. This discovery led to a complete reform in lighting the hospitals of Russia, and with the best results.

Except in severe inflammatory diseases of the eyes or brain, the very common practice of *darkening the sick room* is a highly prejudicial one. The restorative influence of daylight is thus excluded, and also the grateful and natural succession of light and darkness;

the two always making up the same period of twenty-four hours, which favours sleep at the appropriate time, and divests the period of sickness of the monotony and weariness of perpetual night.

8.—Healthy Dwellings.*

To those who are able to choose their habitations we offer a few suggestions. The subject is especially important to delicate families, and to persons predisposed to tubercle; it also deserves the attention of those who are healthy, and desire to maintain that condition unimpaired in themselves and their children. We advise, if possible, a country residence, and the selection of a house so constructed as to secure dryness of the foundation, walls, and roof. The site should be dry—a gentle slope, a gravel soil—and the aspect southerly or westerly; the bedrooms, especially those appropriated to cases of sickness, should have this aspect. If the soil cannot be chosen, a house may be made perfectly dry by covering the ground floor with asphalte, and running a damp-course along all the walls just above the level of the ground. It should also be a site *from* which there is thorough drainage, but *towards* which there is none. If the house is not upon a slope, the artificial *drainage* must be perfect.† For the country the system of earth closets is the only sanitary method of dealing with the drainage question. Cesspools are an abomination. In towns and crowded places in which the accumulation of decomposing and decomposed animal and vegetable matter is great, artificial channels or drains must be so constructed that all noxious matters and vapours may be rapidly removed and carried to a distance, before they can impregnate the atmosphere and water. Every dwelling in a town should have its drains inspected and if necessary repaired at least once a year. Otherwise faults may occur and remain unrecognized until an outbreak of disease brings them to light. Every dwelling, to be wholesome, should be accessible to the free passage of currents of air, and provided with an unlimited supply of good water. In the choice of a site for a house, a locality should be avoided in which the water is impregnated with lead, iron, or other mineral substances, or in proximity to stagnant waters ; the ground should be above the level of the mist or vapour which rises after sunset in marshy and other districts. This subject is of special importance to the Colonist who may have to select a site for his habitation. In short, the fundamental condition of healthy dwelling-places is —perfect purity of air and water ; this must take precedence of all other considerations. The cause of the spread and fatality of the mediæval plagues was neglect of the conditions necessary to secure pure air and cleanliness.

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* See Dr. Hayward's work on Healthy Homes, 1905.

† See "Causes of Enteric Fever," part ii. section 40.

Other points of subordinate importance may be glanced at. The house should not be too closely surrounded by trees, or in immediate proximity to thick woods, as they both attract and retain moisture, while they exclude much sunlight, and prevent the free circulation of air, and thus render the climate cold and damp. A cheerful situation, at the same time commanding the view of green trees, hedges, shrubs, etc., has a beneficial tendency. If compelled to live in a town, the house should face a park, square, or other open place, or at least be situate in a wide airy street, with a favourable aspect. Lastly, a house should contain adequate bath arrangements, or at least provision for free personal ablutions.

Some who read these pages may not have it in their power to carry out these hints fully, but may be compelled to live where their occupations, families, or means determine; nevertheless, even such may be benefited by these suggestions; for, although they cannot secure perfection in a house or situation, they may aim at an approximation to it.

9.—Exercise.

Exercise strengthens and invigorates every function of the body, and is essential to health and long life. No one in health should neglect to walk a moderate distance every day, and if possible in the country, where the pure and invigorating air can be freely inhaled. *Walking* is the healthiest as well as the most natural mode of exercise. Other things being equal, this will ensure the proper action of every organ of the body. The walk for health should be diversified, and if possible include ascents and descents, and varying scenery, and be alternated, when circumstances admit of it, with cycling, riding on horseback, active gardening, or similar pursuits; and with gymnastics and games of various kinds. The modern perfections of the cycle have made this exercise one which may be indulged in by almost all. The greatest danger (apart from accidents) is the temptation to do too much. Those who are in any way delicate should be careful where there are hills or wind, to start their ride against the wind or up the hill. They are not then likely to get farther than their powers will bring them back. Calisthenics prevent deformities as well as cure them.

Much attention of late years has been paid to the subject of systematized exercises. The system of Lieutenant Müller is one of the best, and it demands only perseverance to follow the instructions laid down in his handbook and reap the benefit of them. They should be begun in youth and steadily persevered with through middle age, and it will be found that such a course of action will long defer that stiffness which used to be regarded as inevitable in later life. Those who are already in middle age can use these exercises also with great advantage, but must accustom themselves to them gradually and cautiously. They form an admirable discipline apart from the bodily gain they ensure. A gymnasium should be attached to every school, whether for boys or girls. Athletic sports and manly exercise should form a part of the education of youth, nor should they be neglected in after life, especially by persons of sedentary pursuits. Many aches and pains would rapidly vanish if the circulation were quickened by a judicious and regular use of the muscles. These modes of exercise, practised moderately and regularly, and varied from day to day, are much more advantageous than the exciting, immoderate, and irregular exertions which characterize the ball-room, the hunting-field, and even the cricket ground or the rowing-match, which are sometimes pursued so violently as to be followed by severe and permanent injury to the constitution. Nevertheless it is quite possible to practise these forms of exercise without such excesses, and they have great attractiveness and value for many. The game of golf is ideal for the more middle-aged and old. In the case of very feeble and infirm persons, carriage exercise, if such it may be called, and frictions, by means of bath sheets and gloves, over the surface of the body and extremities, are the best substitutes for active exertion.

The proper periods for exercise are when the system is not depressed by fasting or fatigue, or oppressed by the process of digestion. The robust may take exercise before breakfast; but delicate persons, who often become faint from exercise at this time, and languid during the early part of the day had better defer it till from one to three hours after breakfast. Exercise prevents disease by giving vigour and energy to the body and its various organs and members and thus enables them to ward off or overcome the influence of the causes which tend to impair their integrity. It cures many diseases by equalizing the circulation and the distribution of nervous energy, thus invigorating and strengthening weak organs, and removing local torpor and congestion.

Invalids should always be moderate in their exercise; take only short walks, avoid fatigue, and not stand in the open air. The best time for them is in the forenoon, arranged so that they can rest for half-an-hour before dinner. They should never take exercise *immediately* before a meal or going to bed.

Brain-workers must remember that if mental work absorbs all their energies they must be more sparing of physical exercise, but such systematized exercises as those of Müller can be practised with advantage by the hardest brain-workers.

10.—Clothing.

The adoption of artificial clothing by man serves three purposes: the regulation of the temperature of the body; protection from friction, insects, and dirt; and ornament.

In this climate clothing is chiefly employed for warmth, which purpose it secures by moderating or restraining the escape of heat from the body. Articles of clothing have no power in themselves of generating heat, and are designated as warm or cool just in proportion as they restrain or favour its escape. Thus a lady's muff and a marble floor are ordinarily of the same temperature; but the sensation produced by each is widely different because the animal heat is retained by the muff, and rapidly carried off by the marble. Hence for clothing we select those substances which least conduct heat, such as the wool of sheep and the silk produced by silkworms, which are superior as non-conductors, to cotton or linen. In this country we have recourse chiefly to the former in winter, and to the latter in summer, cotton and linen garments being coolest, linen cooler than cotton.

There are several practical errors on the subject of clothing, committed perhaps by a majority of persons, to which we may briefly direct attention. "The first and most obvious of these," says Dr. Baikie, "is wearing too much clothing indoors or in bed, thereby both exhausting the natural powers of the skin, and exposing its action to a sudden check on going out into the cold air. This forms one of the principal objections to the almost universal use of flannel, *worn next the skin*, and kept on even during the night, as is the practice with many persons. The skin is thus unnaturally excited, and in course of time loses its natural action; or, on the other hand, becomes so sensitive as to have its action checked on the slightest exposure." "I never use anything else," the same physician informs us, "than a light cotton shirt to sleep in, and strongly object to the common practice of *sleeping in flannel.*" Of late years there have been various forms of underwear and nightwear manufactured in a close meshwork. These, especially the linen mesh garments, are very suitable, allowing a freer access of air to the skin.

Wearing Flannel next the Skin.—The prevalence of this habit suggests the necessity of a word of caution. It is well known that, even in otherwise normal conditions, the skin of some persons is highly irritable and most unpleasantly excited by contact with flannel, and that when this exalted sensibility exists, the use of flannel next to the skin may develop decided physical alteration. It does this mechanically by retaining the local heat and intensifying reaction. Cases of skin disease often come before us in which Pruritus is thus aggravated and the affection prolonged, especially when combined with neglect of proper ablutions. In congested conditions of the skin, or in morbid states of the cutaneous nerves, flannel is inadmissible; or if necessary to guard against vicissitudes of the weather, it may be worn outside a linen garment as before suggested. The diseases in which this advice is especially applicable are, according to Dr. Tilbury Fox, Erythemata, Roseola, Urticaria, certainly Syphilodermata in their early stages, Scabies and Prurigo. "A remembrance of this little practical fact," says the above author, "will sometimes give us the greatest cause to be thankful that we attended to it, trifling though it be." Flannel, however, is of great value in our variable climate, and may be generally worn throughout the whole year as a great protection to health and life. Even in summer weather flannel need not be cast aside, but a thin, light garment of that material substituted for a heavy one.

Modern methods of manufacture have so improved the texture of woollen garments that the objection rightly taken to the rougher texture of flannel does not apply to these. Dr. Jaeger of Stuttgart has been a pioneer in this reform, and though he may have ridden his hobby too hard he has certainly done much good in introducing new and improved woollen garments to the public. Nevertheless the use of linen mesh, silk, or silk and wool underclothing is on the whole preferable.

The *colour* of clothing is not unimportant, light being preferable for the following and other reasons:—(1) White reflects the rays of heat which the black absorbs; at the same time it impedes the transmission of heat from the body. Light-coloured clothes are therefore best both for winter and summer, retaining the heat in the former season, and keeping it off in the latter. (2) Dark clothing imbibes odorous particles most readily; as the effluvia of the dissecting-room, the smell of tobacco; and even the peculiar odour of London smoke is at once detected in black clothing by country people. Similarly the germs of disease are likely to retain their vitality longer on dark garments.

Frequent changing and cleansing of clothes is another point deserving attention. The practice of adopting dark-coloured instead of light-coloured garments has frequently its origin in economy, dark clothes tolerating an amount of dirt inadmissible in light. It should be recollected, however, that dark garments contract dirt after being worn a little time as much as light, and if not changed or cleansed may favour the production or spread of disease.

Thick, heavy clothing, the tissues of which are close and firm, is inconvenient. The textures of materials for clothing should be loose and porous, and contain air in their interstices—air being a bad conductor of heat.

"The advantage of having numerous light instead of fewer heavy coverings to the skin are these:—the stratum of air interposed between each layer of covering being a non-conductor, they are relatively much warmer than a much greater thickness in few pieces; 2ndly, they can be more easily laid aside to suit changing temperature; 3rdly, being lighter, they are less apt to overheat the wearer and thus lessen the chance of a consequent chill."

In China, one of the most changeable climates in the world, the variation in one day being frequently 35 or 40 degrees, this is the mode adopted by the natives to protect themselves; a working-man will often appear in in the morning with fifteen or twenty light jackets on, one over the other, which he gradually strips off as the day gets warm, resuming them again towards night.

Other points may be briefly referred to. Summer clothes should not be put on too soon, or winter ones too late. Thin-soled or high-heeled boots and shoes are destructive to health. *High-heeled boots* tend to change the long axis of the body, directing the trunk backwards, and this, altering the inclination of the pelvis, is likely to influence, unfavourably, the process of gestation. Other injuries that have resulted are—troublesome corns, inflammation of the ligaments of the ankle joint, and of their sheaths, and even dislocation of this joint. Only the anatomist knows the frightful misplacement of the internal organs of the body that is caused by the suicidal habit of *tight-lacing.* It gives rise, more or less, to that depression of spirits so common to young ladies; and worse still, occasionally originates or aggravates organic disease of the most serious description. The muscles of the body were intended to sustain it erect ; but when stays are applied they soon become indispensable, by superseding the action of the muscles ; and, in accordance with a well-known law of the muscular system, when they cease to be used they cease to grow, and become insufficient for the discharge of their natural functions. Fortunately the tendency of women to-day to take much more exercise has done a good deal to put an end to injurious tight-lacing.

Finally, it may be stated that the clothing of children, whose feeble frames are less able to resist cold than those of adults, is generally insufficient. When a baby is divested of its long clothes, it is in danger of being insufficiently clad, the danger increasing when it can run alone and is more exposed to atmospheric influences. It cannot be too strongly impressed upon those who have the charge of children that the practice of leaving those parts exposed which, when grown up we find it necessary to clothe warmly, especially the lower limbs and abdomen, is a frequent cause of retarded growth.* Insufficient warmth of body, whether in children or adults, renders the person more susceptible to the invasion of disease. On the other hand it is possible to go to the opposite extreme and mean too much or unnecessarily heavy clothing. There is an individuality in this respect, and it is a mistake to adopt a routine without thought for the individual case.

11.—Bathing.

Every person in health should bath or sponge the whole body once a day with cold water, immediately following it by friction and exercise to promote the reaction. Practised in accordance with the directions we have given, the bath is a most potent aid to health. Much of the vigour of the ancient Romans was due to the important place the bath occupied in the every-day employments of life amongst them ; and undoubtedly as a nation we should be healthier in mind and body if the bath, so often recommended in this manual, were universally adopted amongst us. Merely washing the exposed part of the skin is by no means sufficient ; the entire surface of the body requires the application of water, for the purpose of cleanliness, and as a means of invigorating the capillary circulation, and so fortifying the system as to enable it to resist atmospheric vicissitudes. The secret of attaining these ends consists in employing the cold water in such a manner and degree, and maintaining the body in such a state before and after the application, as that the reaction or glow shall be most perfect. The cold sponge bath may be adopted with safety by almost any one, the shock not being too great, and good friction rapidly causing agreeable warmth. The best period for a cold bath is on rising from bed, before the body has become chilled. When systematic exercises are practised they should be done immediately before taking the morning bath. The time the sponging should be continued must be regulated by the condition of the patient ; if he be weak, the time should be brief, as from one to two minutes ; for if continued too long, instead of tonic effects, depression will follow, which may continue during the whole of the day. If the weather and the water are very cold, and the bather delicate, the bath should be taken before a good fire. Very young children are benefited by cold sponging or bathing, even during the winter months. Cold bathing should not, therefore, be practised when the body is cold or cooling, or when it is exhausted by exertion or fatigue, or if the system is naturally too weak, or when the skin feels chilly, until this feeling has been removed by friction or exercise. A bath should not be taken too soon after a meal; for then the circulation should be undisturbed, as the stomach requires all its power to digest the food; nor should the time spent in the bath be too long; that may vary according to circumstances from about one minute to four minutes.

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* See the Author's work on " Diseases of Infants and Children."

Temperature.—The water of the bath should not be colder than 59°, ranging from this to 64°, according to the season, and according to the temperature of the room. The temperature of the bath-room should be 64° or 65°; if lower than this, the water should be a little warmer, and if the room is *cold*, then the water should be 68°, and the bathing process performed as quickly as possible. The temperature of the bath-room is a point of considerable importance, and it can only be accurately measured by a thermometer; one of these useful instruments should therefore be kept in every bath-room.

If the important conditions stated above are disregarded the immediate depressing effects of the bath will be continued; there will be no glow of reaction, and subsequent chilliness and dullness will ensue. An occasional addition of sea-salt to the water, as recommended in the next paragraph, communicates a stimulating property favourable to reaction. A similar effect is likely to result from the force or shock with which the water is applied; probably a shower-bath is the most efficient, as it most excites those forcible and deep inspirations which are the most efficient cause of the reaction which follows. The reaction is further promoted by vigorous friction over the entire surface with large coarse towels, which operates both by stimulating the cutaneous vessels, and also by the muscular exertion, which promotes the more energetic action of the heart. A brisk walk after the bath also tends to promote reaction.

Sea-Salt Baths.—Those who are unable to secure sea-bathing may enjoy, to a limited extent, its advantages by adding a solution of *sea-salt* to the water of the bath. Sea-salt is the residuum of evaporated sea-water; and if it be added in proper quantity to a bath, so that the mineral ingredient approximates to that contained in sea-water, it will be very much more efficacious than a simple fresh-water bath, in consequence of the stimulating action of the water upon the skin imparted by the saline matter which it holds in the solution. The addition of salt obviates the chill which fresh water sometimes gives. It will often be found that consumptive patients, with feeble circulation and cold hands and feet, are much benefited by a salt-water bath, who could not bear the shock of fresh water. In the absence of sea-salt, a handful of bay-salt or of common salt may be used.

Such a bath, taken regularly in the morning, is conducive to health in two ways:—It inures the body to a degree of cold greater than it is likely to be exposed to during the rest of the day, and so protects it from the influence of atmospheric changes; and it tends to remove irregularities in the circulation, and by exciting the healthy action of the skin aids that organ in removing disease.

It is not everyone, however, who can with safety practise bathing in the manner just now pointed out. Cold bathing would be very hazardous to patients who are extremely weak, or who have any organic disease, especially of the heart or lungs; there may also be some idiosyncrasy or condition of the constitution peculiar to the individual which would render such a course undesirable. Patients who have any ground for doubt on the subject should consult their medical attendant. Caution is more particularly necessary in infancy and old age. The adaptation of the cold bath to individual cases may often be determined by the following criterion:—If, after a bath, the patient remains chilly, languid, and dejected, or suffers headache, it had better be discontinued, and subsequently gradually adopted; but if the sense of cold rapidly passes off, and a glow of warmth and animation of spirits succeed and continue for some time, the cold bath is almost sure to be productive of good.

The *warm bath* is a great luxury, and to the feeble and exhausted frame is often very beneficial. The temperature may be varied according to the sensations of the patient, but as a rule should be that of the temperature of the blood—96° to 98°; if higher than 98°, the bath may be followed by a profuse perspiration, which weakens the system. Warm bathing, however, including the hot-air or Turkish bath, except as a remedial agent, and prescribed by a medical man, is generally prejudicial.

Sea-bathing is of the greatest value to convalescents from acute diseases, to those whose health has been injured by excessive work, town residence with sedentary occupation, excesses of various kinds, and in many chronic illnesses, when debility is not excessive. It should not be indiscriminate. The propriety of it depends on the health of the bather, the temperature of the water, and the motion of the sea. Adults in robust health may remain from five to eight minutes ; if they can swim and are accustomed to bathe, they may remain so long as they feel warm. If the water is very cold or the sea is strong, less time should be allowed. Delicate persons should choose a smooth sea. Strong persons may bathe before breakfast ; others only in the forenoon. Sea-bathing is prejudicial when the body is exhausted, or overheated, or cold, or rapidly cooling. A short walk, without fatigue, should follow it. Stout, plethoric persons, liable to rushes of blood, palpitation, giddiness, etc., should bathe very cautiously. Aged persons should regard themselves in this matter as invalids. Persons in feeble health and old age should only plunge into the sea, remain a minute or two, then leave it. Infants, feeble children, and timid children are scarcely strong enough for the open sea. Injury is done to the feeble by a disregard of their imperfect reactionary power, and to the timid by disregard of the strain upon their nervous system. Warm glow and exhilaration of spirits after the bath indicate its beneficial action. On the contrary, chilliness and depression are indications of harm.

The temperature of baths may be thus classified—cold, 40° to 60° ; cool, 60° to 75° ; temperate, 75° to 85° ; tepid, 85° to 92° ; warm, 92° to 98° ; hot, 98° to 112.°

For various forms of baths, and their adaptation to persons in disease, see page 81, *et seq.*

12.—The Influence of Professions and Occupations on Health.

Whatever may be the particular employment of an individual, it can rarely be divested of certain effects more or less prejudicial to health. Occupations which permit the free use of pure air and moderate muscular exercise, with exemption from want or anxiety, are most conducive to long life. Statistical tables afford abundant evidence of the correctness of this statement. The following table from Tarbell's "Sources of Health," although on too limited a scale for general application, undoubtedly approximates to the truth.

Of 100 Clergymen	42	attained the age of 70 years	and upwards.
,, Farmers	40	,,	,,
,, Commercial Men	35	,,	,,
,, Military Men	33	,,	,,
,, Lawyers	29	,,	,,
,, Artists	28	,,	,,
,, Teachers	27	,,	,,
,, Physicians	24	,,	,,

The first half in the above list, with the exception of the clergymen, are necessarily much exposed to the air, and take physical exercise; but the other half, with the exception of the physicians, are chiefly confined indoors, engaged in sedentary occupations. The difference between the longevity of the clergyman and the physician may no doubt be accounted for by the fact that the literary pursuits of the former are not so multifarious and unremitting as to prevent sufficient out-door exercise being taken; the nature of his studies may be regarded as favourable to a long life, by inspiring influences conducive to hopefulness and serenity. The physician, on the other hand, is exposed to influences often adverse to health; he has frequently to encounter the poison of infectious disease, and is often unable to observe those rules and precautions which it is his duty to enforce upon others; his responsibility often involves extreme mental anxiety; and his almost incessant occupation of both mind and body no doubt account for his comparatively short life. There are, however, instances of medical men attaining an advanced age. Harvey reached the age of 81; Hoffman 83; Hahnemann, 83; Heberden, 93; and Hippocrates, is reported to have lived to be 109. The last, it is said, was much engaged in travelling, and passed more of his time in the country than in crowded cities.

Why employments are unhealthy.—The chief circumstances which render occupations unhealthy are, deficiency of daylight and pure air; a bad posture of the body during employment; and the inhalation of poisonous substances, or dust, which produces mechanical irritation of the lungs.

Abundance of sunlight is of great importance in workshops and offices, particularly where the young are employed. As already pointed out, patients make better and more rapid recoveries in well-lighted hospitals; and very serious cases are generally placed in the sunny side of such buildings. If, therefore, persons are more likely to regain health in such apartments, we may fairly conclude that health will be better preserved in a large, well-lighted workshop or office. Windows, therefore, should be frequently cleaned, and the walls and ceilings whitewashed at least twice a year.

There is at present a general and just outcry about defective drainage; but the diseases and mortality from this source bear a very small proportion to those from overcrowding. Spacious, airy, and well-lighted offices and workrooms for clerks, compositors, tailors, dress-makers, and others, would prevent a large amount of chronic disease ; at the same time, work would be better done, and skilled labour rendered far more productive and valuable.

The influence of *posture* is not unimportant. The sendentary occupations followed by book-keepers, milliners, sempstresses, tailors, shoemakers, and others, are often most unfavourable to health, because the sitting posture is generally combined with an inclination forwards, so as to compress the chest and stomach. To a limited extent the hurtful consequence, of such postures may be avoided by occasionally changing to a standing one when at work, and by taking out-door exercise during the hours of relaxation. Abundance of healthful recreation in the open air is the best corrective of the injurious consequences of sedentary employments.

CHAPTER II.

SIGNS AND SYMPTOMS OF DISEASE.

To recognize fully the various evidences of an unhealthy action of the system, a long course of study, including both healthy and morbid anatomy, is necessary. If, however, the several points referred to in this chapter be carefully studied, they will aid us in arriving at a tolerably accurate idea of the nature and severity of the disease we have to treat. The following are common and well-known diagnostic signs.

13.—The Pulse.

The pulse is produced partly by the forcible expulsion of blood from the heart, through the aorta (the great arterial trunk), and thence into the various arteries of the body, by each contraction of the left ventricle of the heart ; and partly by the innate contractility of the arterial walls. Its character will consequently be modified by the condition of the heart and the blood vessels.

In feeling the pulse, great gentleness should be observed, so as not to excite the action of the heart, which would defeat the object in view. The pulse may be examined in any part where an artery is so close to the surface that its throb can be plainly felt ; but in general the most convenient locality is at the wrist. While examining the pulse, there must be no pressure exerted upon the artery in any part of its course, by tight sleeves, ligatures, etc. The examiner should place three fingers just above the root of the thumb and the joint of the wrist, with his thumb on the opposite side, so as to be able to regulate the pressure at will. Its frequency may thus be measured by the seconds-hand of a watch; but its peculiar characteristics, as indicative of various phases of disease, can only be appreciated by the educated hand of a medical man. By this method we can detect its rhythm, its fulness, or softness ; whether by compression it may be rendered less perceptible ; whether it is strong and bounding, forcing the fingers almost from the arm, or hard, or small and wiry, like the vibrations of a string ; or intermittent, striking a few beats, and then apparently stopping for one or two beats ; or whether the pulsations flow into each other, small and almost imperceptible.

HEALTHY PULSE.—The healthy pulse may be described as uniform, equal, moderately full, and swelling slowly under the fingers; it is smaller and quicker in women and children. In old age the pulse becomes hard, owing to increased firmness or to structural change in the arterial coats. The average number of beats in the healthy pulse in the minute, at different ages, is as follows:—At birth, 140; during infancy, 120 to 130; in childhood, 100; in youth, 90; in adult age, 75; in old age, 65 to 70; decrepitude 75 to 80.

The pulse is influenced, however, by the following and other conditions, which should be considered in estimating the character of the pulse as a diagnostic sign. It is faster in the female than the male, by from six to fourteen beats; but this difference only occurs after about the eighth year. It is quickened by exertion or excitement; it is more frequent in the morning, and after taking food; it beats faster standing than sitting, and sitting than lying; but it is retarded by cold, sleep, fatigue, want of food, and by certain drugs, especially *Digitalis.*

PULSE IN DISEASE.—In estimating the differences of the pulse as signs of disease, allowances must be made for those sudden irregularities which are often observable under transient excitement or temporary depression, especially of nervous persons.

The rapid pulse, especially if strong, full, and hard, indicates inflammation or fever; if small and very rapid, it points to a stage of great debility, such as is often present in the last stage of Enteric fever.

The jerking pulse is marked by a quick and rather forcible beat, followed by a sudden, abrupt cessation, as if the direction of the wave of blood had been reversed, and excites suspicion that structural disease of the valves of the heart may be present.

The intermittent pulse is that in which a pulsation is occasionally omitted, and is frequently owing to some obstruction in the circulation in the heart or lungs, or Inflammation or softening of the brain, Apoplexy, etc.; also in some forms of valvular disease of the heart. Prolonged over-exertion, watching, want of rest, anxiety, etc., may produce it. In minor degrees, Indigestion with flatulence may produce it. It is often a symptom of the gouty constitution without indicating the presence of any organic disease.

The full pulse occurs in general plethora, or in the early stages of acute disease; while the *weak pulse* denotes impoverished blood and an enfeebled condition of the system.

When the pulse resists compression, it is said to be *hard, firm* or *resistant;* if it is small as well as hard- it is said to be *weak.* Of late years much attention has been paid to the condition known as the "blood-tension." This depends on a variety of factors in the action of the heart and the condition of the arteries. It can be to some extent estimated by the fingers, but instruments have been devised for its more exact measurement. These require the expert, however, both to apply them and to estimate the value of the readings obtained.

14.—Temperature and the Clinical Thermometer.

For many years now considerable help has been derived in the diagnosis and treatment of disease from the use of the clinical thermometer. In all cases of illness, to count the pulse and the respirations is not more important than to measure the heat. The thermometer aids the physician in arriving at definite conclusions, and relieves him of much mental anxiety, and in many cases gives him a clue to the disease even before characteristic symptoms have made their appearance. In temperate regions the normal heat of the human body, at sheltered parts of its surface, is 98.4° Fahr., or a few tenths more or less; and a persistent rising above 99.5°, or a persistent depression below 97.3° are signs of some kind of disease. The maintenance of a normal temperature, within the limits above stated, gives a complete assurance of the absence of anything beyond local and trifling disturbances; but any acute disease unnaturally elevates the temperature or animal heat, and many diseases are thus indicated some time before they could be detected by any other means.

The thermometer enables us to diagnose decisively between an inflammatory and a non-inflammatory disease; it also helps us to determine the severity of the inflammation by the number of degrees to which the thermometer is raised. *Hysteria,* it is well known, often simulates inflammatory disease; but the temperature of hysterical persons is *normal,* whereas that of persons really suffering from inflammation is *always raised.* A case is recorded of a girl supposed to be suffering from Hysteria presenting symptoms indicative of inflammation of the membranes of the brain. The hysterical tendency of the patient led to the supposition that there was only an *apparent* symptom of inflammation; the thermometer determined the genuineness of the symptoms; for it showed a temperature of 103.5° F., proving the actual existence of grave inflammation, afterwards confirmed by the fatality of the disease. Hysterical patients sometimes become very skillful in manipulating the thermometer and apparently recording high temperatures. Therefore if there is any suspicion of hysteria or malingering the temperature should be taken by the physician with the utmost care.

In *acute fevers,* the thermometer affords the best means of deciding in doubtful cases; it is often the best corrective of a too hasty conclusion, and is indispensable for prognosis. Thus, in *Typhoid fever,* the rise of temperature, or its abnormal fall, often indicates what is about to happen some time before any change in the pulse, or other sign of mischief, may be observed.

In *Tuberculosis,* the thermometer affords us most valuable diagnostic information. The symptoms and signs are often obscure, or their true cause may be doubtful; especially in the early stage of the disease, when treatment is likely to be of greatest avail. The importance of the aid of the thermometer in this case will be recognized by the fact that during the deposit of tubercle in the lungs, or in any organ of the body, the temperature of the patient is always raised from 98°, the normal temperature, to 102.3°, or even higher; the temperature increasing in proportion to the rapidity of the tubercular deposit. A persistent elevation of the general temperature of the body has often been found to exist for several weeks before loss of weight or physical signs indicating tubercle in the lungs could be appreciated. Hence an elevated temperature not only affords us certain information as to the existence of *Phthisis,* but the degree of that elevation enables us to estimate the extent and progress of the disease; for a persistent rise shows that the disease is progressing, or that unfavourable complications are setting in.

In *Measles*, the thermometer is almost the only means of learning at an early stage the invasion of Pneumonia.

In *Ague*, several hours before the paroxysm, the temperature of the patient's body rises considerably.

In *Acute Rheumatism*, a temperature of 104° is always an alarming symptom, indicating grave complication, such as involvement of the valves of the heart. In short, a temperature of 104° to 105° in any disease indicates that its progress is not checked, and that complications are liable to arise.

In all cases of convalescence, so long as the decrease of temperature proceeds regularly, as measured by the thermometer, no *relapses* need be feared ; on the other hand, delayed decrease of temperature in Pneumonia, the persistence of a high evening temperature in Typhus or Enteric fever, or in the eruptive diseases, and the incomplete attainment of normal temperature in convalescence, are of great significance. They indicate incomplete recovery, approach of other diseases, unfavourable changes in the products of disease, or the continuance of other sources of disturbance requiring careful examination. The onset of even a slight elevation of temperature during convalescence is a warning to exercise careful watching over the patient, and especially for the maintenance of a due control over his diet and actions (*Aitken*).

These remarks might easily be extended, and illustrations multiplied of the value of the thermometer as an aid to diagnosis ; but beyond recommending a small, straight instrument, with a correct scale, self-registering, and taking the observations regularly at the same hours daily throughout the disease, noting at the same time the pulse and the breathing, we have only space for the following directions :—

The best way to "take a temperature" is to place the bulb of the thermometer under the tongue, by the side of the last molar—"wisdom tooth"—and request the patient to close the lips around the stem. The time required to ascertain the temperature correctly is from three to five minutes. Another way is to place the bulb under the armpit; but the former plan is better when practicable.

15.—Breathing.

Healthy inspiration is performed with great ease by a nearly equal elevation of the ribs and enlargement of the chest, and by descent of the diaphragm. Expiration is the natural return of the chest to its proportions during rest, which is produced by the pressure of the external air, the ascent of the diaphragm, and contraction of the abdominal muscles. An adult breathes about twenty times in a minute. Disease and exertion quicken the rate of breathing.

Dyspnœa, or difficult breathing, may result from wasting diseases of the lung substance; adventitious deposits in these organs (these conditions necessarily lessening the amount of breathing surface); formations of false membranes in the air passages, as in Diphtheria and inflammation and swelling of the tonsils or tongue—all of which conditions obstruct the entrance of air into the lungs, and thus cause Dyspnœa, as does also Asthma, which seems to be a spasm of the muscular coat of the air-tubes, or a swelling of the mucous membrane.

Effusions into the pleuræ or pericardium, the serous membranes surrounding the lungs and heart, also induce Dyspnœa by causing compression of the lungs, and fracture of the ribs may naturally impede the respiratory movements. Intrinsic organic and functional diseases of the heart also cause Dyspnœa. Disease of the nerves which preside over the respiratory movements, or in that part of the nervous centres from which they proceed, may also produce serious and even fatal difficulty of breathing. In Apoplexy, and cases of great exhaustion, when an insufficient supply of blood is sent to the great nervous centre—the brain—the respiratory movements are deranged, and otherwise greatly or even fatally obstructed.

16.—The Tongue.

This organ affords important indications :—*Dryness* points to diminished secretion, and is common in acute and febrile diseases ; *moisture* is generally a favourable sign, particularly when it succeeds a dry or furred condition. A preternaturally *red tongue* is common in the course of the eruptive fevers ; in Gastric and Bilious fevers, and in bad cases of Indigestion, the redness is often limited to the edges and tip. The " *strawberry* " *tongue* is a symptom of Scarlet fever ; the *fissured tongue* of Typhus and Enteric fevers. When the tongue is *livid* or *purple,* there is defective oxygenation of the blood. The *furred tongue* is the most marked, and is common in inflammation and irritation of the mucous membranes, in diseases of the brain, in all varieties of fever, and in almost all acute and dangerous maladies. Some persons have usually a coated tongue on rising, without any other symptom of disease. This is especially the case with tobacco smokers. A uniformly white-coated tongue indicates gastric or intestinal disorder, but not as a rule of a serious kind ; a yellow coat is indicative of disordered action of the liver, or more profound alimentary disorder ; a brown or black, of a low state of the vital powers, and contamination of the blood. The gradual cleaning of the tongue, first from the tip, and edges, shows a tendency to health, and indicates the cleaning of the whole intestinal tract ; in less fortunate cases, as the tongue gets browner, dirtier, and drier each day, the nervous and muscular systems get weaker, and hope is gradually extinguished ; when the fur separates in patches, leaving a red, glossy surface, it is also unfavourable ; when the crust is rapidly removed, leaving a raw or dark-coloured appearance, the prognosis must still be unfavourable.

17.—Pain.

This is often a most important indication of the nature and seat of disease, pointing to an interruption of the harmony of the bodily organs. When attended with a throbbing sensation, consequent upon the heart's action, it is called *pulsating pain ;* when with a feeling of tightness, *tensive ;* when with heat, *burning. Nervous* Neuralgic pain may be recognized by its disposition to follow a certain course, without being rigidly limited to one particular part ; by its being subject to perfect intermissions ; and by the suddenness with which it comes and goes. *Spasmodic* pain is mitigated by pressure, by frictions, and by applications of heat ; it comes on suddenly with greater or less severity, terminating abruptly. *Inflammatory* pain is constant, attended by heat and quickened pulse, is increased by movement of the affected part, by touch or pressure, and usually mitigated by rest. Frequently pain occurs, not in the part diseased, but in a distant one. Inflammation of the liver often first shows itself by pain in the right shoulder ; inflammation of the hip-joint, by pain in the knee ; stone in the bladder, by pain at the end of the penis ; disease of the heart, by pain down the left arm, etc.

18—The Skin.

In health the skin imparts to the touch the sensation of an agreeable temperature, with just sufficient moisture to preserve its softness ; it is also elastic, smooth, and neither too tense nor loose. A *harsh, dry, burning heat* of the skin is indicative of fever, and must ever be regarded as unfavourable, especially in inflammatory conditions of internal organs. If this condition be followed by *perspiration,* coincident with general improvement, it is a favourable indication. Great relief is usually experienced on the occurrence of the sweating stage in Ague, Inflammatory fevers, etc. On the other hand, complications may be feared if perspiration ensue without any amelioration of other symptoms.

Partial or local symptoms indicate a deranged condition of the nervous system, or an affection of the organs beneath the perspiring surface. If perspirations occur after trifling exertion, they point to excessive weakness. Night sweats, of frequent occurrence, not only show debility, but when preceded by chills and fever, may indicate Tuberculosis.

The *colour* of the skin is also diagnostic. A bluish tint of the skin indicates structural disease of the heart. A yellow colour points to biliary affections. A rich blush of the cheeks, especially if it be circumscribed, and the surrounding parts pale, may indicate an irritable condition of the nervous system, or a diseased state of the lungs.

19.—The Urine.

The urinary organs are,—the kidneys and bladder, with their appendages. The kidneys secrete the urine from the blood, and by this process the blood is relieved of many impurities, which if retained, would give rise to disease in the whole system. The secretion of the kidneys reaches the bladder through the channels (*ureters*), and the urine is ultimately discharged through the urinary canal (*urethra*).

Healthy urine is of a brightish yellow or amber colour, a tint darker in the morning than in the afternoon, yielding a slight ammoniacal smell, devoid of unpleasant odour, and precipitating no deposit on standing, or only the merest trace of mucus, or of urates from a low temperature. In advanced age the urine becomes darker and slightly offensive ; it is darker in persons who lead a very active life; different varieties of food also produce a marked effect both on the colour and odour of urine. The stream of urine should be round and large, and it should be passed about four to six times in twenty-four hours without any pain or straining.

The average *specific gravity* of healthy urine is between 1,015 and 1,025, being in excess of water, which is the standard (1,000), and the normal quantity in adults about *forty* or *fifty* ounces in the twenty-four hours. A urinometer indicates the specific gravity.

In *disease*, the urine presents many varieties, and furnishes valuable indications to the pathologist. Thus it may be of a dark yellow or saffron colour, as in Jaundice, or disease of the liver; it may be red or high-coloured, and scanty, with quickened pulse, as in fever; it may be bloody or slimy, as in affections of the kidneys or bladder; it may be pale and copious when metabolism is checked, less urea excreted, and the unrenewed blood furnishes no colouring matter, as in nervous and hysterical ailments; it may be heavy, muddy, showing an unfavourable condition of the system. The urine may be passed too copiously or scantily, with pain, with effort, or it may be retained with difficulty. There may be a frequent or uncontrollable desire to micturate, with burning or scalding pain; or the pain may be only experienced in passing the last few drops; in either case local inflammation is indicated.

The specific gravity of urine in Bright's disease is 1,015 to 1,004; diabetic urine, 1,025 to 1,040; in Hysteria it may be as low as 1,007.

In Rheumatic fever, in Gout, etc., the urine is abnormally acid; while, on the contrary, when the bladder is inflamed (*cystitis*) the urine will contain much mucus, and is frequently alkaline. Heat will produce a deposit in acid urine if albumen is present, but not so in alkaline, however large a proportion of albumen it may contain. If urine is kept some time before being examined, it often becomes alkaline and therefore before testing for albumen any natural or artificial alkalinity must be removed by the addition of a suitable quantity of acetic acid. On the other hand, an excess of strong acid added may in its turn interfere with the albumen test. The acidity should be definite, but not excessive. The microscope enables us to detect casts of tubes, etc., but it should be remembered that many substances may have found their way into the vessel, as fibres of deal, flannel, or cotton, etc., which bear a sufficient resemblance to be mistaken for the above.

When urine has to be examined, a little should be taken from the whole quantity that has been passed during twenty-four hours, as it varies greatly in its properties at different periods of the day, and after food.

CHAPTER III.

The Medicines, Etc.

20.—Forms, Names, and Attenuations.

The following brief description of the different forms of medicine used in homœopathic practice is given for the sake of the uninitiated. The preparations are of five kinds—*viz.*, *Tinctures*, *Pilules*, *Globules*, *Triturations*, and *Tablets*.

Tinctures.—These contain the active principles of the vegetable medicines, in a more or less concentrated form, and are supposed to be quicker and more decided in their action, in acute diseases, than either pilules or globules. It is therefore advisable for those who reside at a distance from medical aid to be furnished with a selection of such tinctures as are adapted to sudden and acute diseases, in addition to a complete case of the pilules or globules. The selection recommended by the author for this purpose may be found on pp. 63, 64.

Pilules.—*Pilules* consist simply of a porous non-medicinal substance, medicated by saturation with any remedy desired. They are very convenient, and if kept in a well-corked phial retain their virtue for years. They are well-suited for domestic use, especially for commencing the practice.

GLOBULES.—*Globules* are about the size of poppy-seeds, and are prepared in the same manner as pilules. They are generally used for the administration of the high potencies, but are not very suitable for domestic use.

TRITURATIONS.—These are in the form of powder, containing a portion of the original drug triturated with a given quantity of sugar-of-milk, and are necessary to the administration of the lower attenuations of *insoluble* medicines, such as *Calc.*, *Carbo. V.*, *Hepar S.*, *Merc.*, *Sepia*, *Sil.*, etc.

TABLETS.—These are made of the same materials as pilules and globules, only larger in size, and are medicated in the same way; or they are made of triturations compressed. They are made in sizes containing one or two grains, and are a convenient mode of prescribing insoluble preparations.

In addition to the fifty remedies in the list on pp. 63, 64, some others are occasionally prescribed, a brief description of the general uses of most of which may be found in the Materia Medica. The more complete list is given in the table of contents at the commencement.

21.—Doses and their Repetition.

THE DOSE.—In determining the quantity and strength of the doses, the age, sex, habits, nature of the disease, etc., must be taken into consideration. Without reference to individual peculiarities, the following may be stated as the proper dose in domestic practice:—

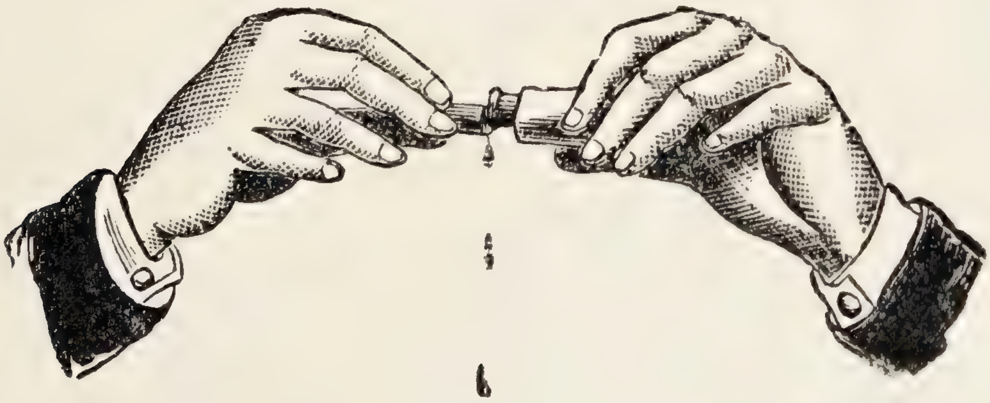
For an adult, two drops of the tincture, three pilules, six globules, or one grain of the trituration.

For a child, about one-half the quantity.

For an infant, one-third.

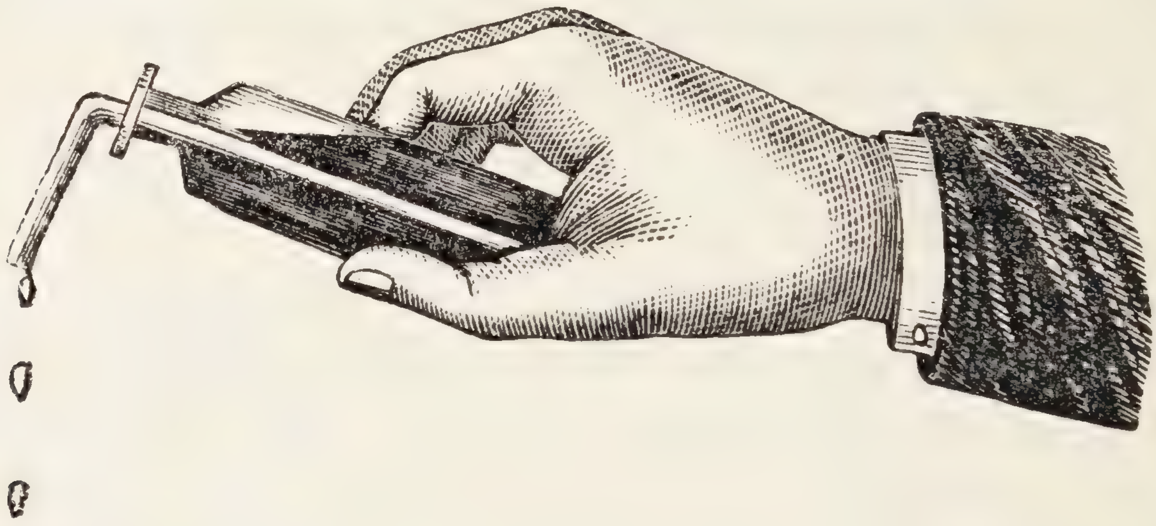
Drops and *pilules* are easily divided into any number of doses by mixing them in a corresponding number of spoonfuls of water, and giving one spoonful for a dose. *Trituration* spoons may be obtained, holding about one grain.

Directions for Taking the Medicines.—Tinctures should be dropped into the bottom of a glass by holding the bottle in an oblique manner, with the lip resting against the middle of the end surface of the cork; the bottle should then be carefully tilted, when the tincture will descend and drop from the after edge of the cork.



Or, which is a much easier method, a piece of solid glass bent at a right angle, about three-sixteenths of an inch in diameter, is introduced into the bottle, as shown in the following illustration. This simple contrivance enables the most timid person to drop the tinctures with exactness. Water should then be poured upon the medicine in the proportion of a tablespoonful to a drop.

The vessel should be clean, the mixture kept covered, and the spoon used should not be kept in the mixture,* If the medicine has to be kept several days, a new bottle with a new sound cork, should be used. After use the glass or cup or bottle should be immersed in and thoroughly cleansed with boiling water.



Pilules or *globules* may be taken dry on the tongue, and sucked, not swallowed whole ; but it is better, if convenient, to dissolve them in pure soft water.

The insoluble *Triturations* should be taken dry on the tongue ; the soluble ones may be dissolved in a spoonful of water. Before taking medicine, the mouth should be rinsed with water.

HOURS.—The most appropriate times for taking the medicines as a rule are—on rising in the morning, and at bedtime, if oftener prescribed, about half an hour or an hour before, or about two hours after a meal. Under no circumstances should a patient be aroused from sleep to take medicine.

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* Glazed spoons, and graduated fine earthenware medicine cups, with covers, numbered 1 and 2, specially made for this purpose, and sold by homœopathic chemists, are the most suitable. These vessels are recommended, as they protect the medicines from light and dust, and distinguish them from other liquids. Mixtures prepared in glasses or other domestic vessels are often thrown away in mistake, sometimes causing great inconvenience.

Repetition of Doses.—The frequency of the dose may be determined by the activity of the malady from which the patient is suffering, the urgency of the symptoms, and the effects produced by the medicines. In violent and dangerous diseases—Cholera, Croup, Diphtheria, Convulsions, etc.—the remedies may be repeated every ten, fifteen, or twenty minutes ; in less urgent cases, every two, three, or four hours. In chronic maladies much less frequently. The ideal in homœopathic practice is,—not to give a second dose till the effect of the first is exhausted, and this is shown by the cessation of the improvement initiated by the first dose. In acute and sub-acute illnesses the effect of a dose usually wears off in a few hours, so that the routine practice of repeating at stated and fairly frequent intervals is generally a safe one. But even here it should always be the rule to lengthen the interval between doses as soon as definite improvement is manifest. In chronic diseases (especially when high potencies are used) the effect of every dose should be most carefully watched, and repetition may not be required sometimes for days. As long as there is a favourable action, this action should not be interfered with, and more harm is done by repeating too soon than by waiting a little longer to make sure that the effect of the earlier dose is exhausted. It must always be remembered that medicine does not act directly on the disease, but directly on the body, stimulating the natural powers of resistance to the disease. If, therefore, one dose gives evidence that the natural powers are re-awakened, to repeat the drug stimulus too early s unnecessary, and may be harmful. The knowledge gained in the study of vaccines has made this consideration more plausible than it once seemed. When improvement takes place, the medicines should be given less frequently, and relinquished when no longer needed.

ALTERNATION OF MEDICINES.—To avoid the confusion resulting from mixing different remedies in one prescription, and to ascertain the simple effect of each, Homœopaths do not mix several drugs together; but in acute diseases, when the symptoms of the malady are not met by a single remedy, and a second one is indicated, the two are sometimes given in *alternation*; that is, one medicine is followed by another at certain intervals of time, and in a regular order of succession. In Croup, for example, *Acon.* and *Spongia*, or *Acon.* and *Iod.*; in Pneumonia or Rheumatic fever, *Acon.* and *Bry.*, etc. *But the alternate use of medicines should, as much as possible, be avoided.* Except in violent and rapid diseases, the author rarely prescribes medicines alternately, and strongly recommends the general discontinuance of that method as one little calculated to yield precise and definite clinical experience. In order to test the value of any remedy it should be given alone. In combining medicines all exact data concerning the real action of any single agent are lost.

LIST OF THE PRINCIPAL MEDICINES PRESCRIBED IN THIS MANUAL.

Their Latin and English Names, Abbreviations and Attenuation, in Tinctures, recommended for domestic use.†*

LATIN.	ENGLISH.	ABBREV.	ATTEN.
1. Acidum Nitricum	Nitric Acid	*Ac.-Nit.*	1
2. Acidum Phosphoricum	Phosphoric Acid	*Ac.-Phos.*	1x
3. Aconitum Napellus	Monk's-hood	*Acon.*	3x
4. Antimonium Tartaricum	Tartar Emetic	*Ant.-Tart.*	3
5. Apis Mellifica	Honey-bee	*Apis.*	3x
6. Arnica Montana	Leopard's-bane	*Arn.*	3x
7. Arsenicum Album	White Arsenic	*Ars.*	4x
8. Belladonna	Deadly Nightshade	*Bell.*	3x
9. Byronia Alba	White Bryony	*Bry.*	1
10. Cactus Grandiflorus	Midnight-blooming Cereus	*Cact.*	1x
11. Calcarea Carbonica	Carbonate of Lime	*Calc.-C.*	5
12. Cantharis	Spanish Fly	*Canth.*	3x
13. Carbo Vegetabilis	Vegetable Charcoal	*Carbo V.*	5
14. Chamomilla Matricaria	Wild Matricary	*Cham.*	3x
15. China	Peruvian Bark	*China*	1x
16.‡Cimicifuga Racemosa	Black Snake-root	*Cimic.*	3x
17. Cina Anthelmintica	Worm-seed	*Cin.*	1x
18. Cocculus Indicus	Indian Berries	*Cocc.*	3x
19. Coffea	Raw Coffee	*Coff.*	3x
20. Colocynthis	Bitter Cucumber	*Coloc.*	3x
21. Cuprum Aceticum	Acetate of Copper	*Cup.-A.*	3x
22. Digitalis	Foxglove	*Dig.*	3x
23. Drosera Rotundifolia	Round-leaved Sundew	*Dros.*	1x
24. Dulcamara	Bitter-Sweet	*Dulc.*	3x
25. Ferrum Muriaticum	Muriate of Iron	*Ferr.-Mur.*	1x
26. Gelseminum Sempervirens	Yellow Jessamine	*Gels.*	1x
27. Hamamelis Virginica	Witch Hazel	*Ham.*	1x
28. Hepar Sulphuris	Liver of Sulphur	*Hep.-S.*	3
29. Hydrastis Canadensis	Golden Seal	*Hydras.*	1x
30. Hyoscyamus Niger	Henbane	*Hyos.*	3x
31. Ignatia Amara	St. Ignatius' Bean	*Ign.*	3x
32. Iodium	Iodine	*Iod.*	3x
33. Ipecacuhana	Ipecacuanha	*Ipec.*	1x
34. Iris Versicolor	Blue-flag	*Iris.*	3x
35. Kali Bichromicum	Bichromate of Potash	*K.-Bich.*	3

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* When the medicines are prepared in pilules or globules the attenuation of several of them must be slightly modified, according to the discretion of a qualified chemist.

† Medical practitioners have usually a wide range of attenuations, as recommended in the List of Remedies and Attenuations following the "Clinical Directory."

‡ Also called Actœa Racemosa.

LATIN.	ENGLISH.	ABBREV.	ATTEN.
36. Lycopodium Clavatum	Common-Club-moss	*Lyc.*	5
37. Mercurius Corrosivus	Corrosive Sublimate	*Merc.-Cor.*	3x
38. Mercurius Solubilis	Impure Oxide of Mercury	*Merc.-S.*	3
39. Nux Vomica (Strychnos)	Vomit-nut	*Nux V.*	3x
40. Opium	Opium	*Opi.*	3x
41. Phosphorus	Phosphorus	*Phos.*	3x
42. Podophyllum Pellatum	May-Apple	*Podoph.*	0
43. Pulsatilla Nigricans	Wind-flower	*Puls.*	3x
44. Rhus Toxicodendron	Poison-oak	*Rhus.*	3x
45. Sepia Succus	Inky Juice of Cuttlefish	*Sep.*	5
46. Silicea	Pure Flint	*Sil.*	5
47. Spigelia Anthelmia	Indian Pink	*Spig.*	3x
48. Spongia Tosta	Toasted Sponge	*Spong.*	3x
49. Sulphur	Sublimated Sulphur	*Sulph.*	3
50. Veratrum Album	White Hellebore	*Ver.-Alb.*	3x

Also the strong Tincture of CAMPHOR, which must be kept by itself.

If the medicines are only kept in pilules or globules, the following twelve tinctures, of a low attenuation, for acute cases, should be kept in a small separate case or drawer, namely :—Nos. 3, 7, 8, 9, 15, 33, 37, 39, 41, 43, 44, and 50.

These are recommended to be kept with arnica-plaster, strapping-plaster, scissors, forceps, oiled silk, lint, etc., in a compartment separate from the medicines in the body of the chest.

MOTHER TINCTURES FOR EXTERNAL USE.

ARNICA, CALENDULA, HAMMAMELIS, LEDUM, RHUS AND HYPERICUM.

The list of medicines recommended for persons *beginning* homœopathic practice is as follows: Nos. 3, 4, 6, 7, 8, 9, 11, 13, 14, 15, 17, 19, 20, 23, 24, 26, 28, 31, 33, 35, 36, 38, 39, 41, 43, 44, 46, 48, 49, 53.

A useful *Travellers'* case, or case for pocket, would include remedies numbered in the list printed above, 3, 4, 7, 8, 9, 14, 15, 20, 26, 31, 33, 37, 39, 41, 43, 44, 49, 50.

MEDICINE CHEST.—A chest to suit this Manual should be constructed expressly to contain the medicines mentioned in the list on pp. 62, 63, or the more complete list in the table of contents at the commencement ; it should be protected from light and heat, and also kept apart from substances which emit a strong odour. Immediately after using a bottle it should be corked again, and the corks or medicines never changed from one bottle to another.

Corks.—If a cork decay, or become damaged, a new one should be at once substituted. Except for acids, good sound corks are preferable to glass stoppers, as they more effectually prevent evaporation, preserve the virtue of the medicine, and are easily replaced when broken. Missionaries, emigrants, etc., should take an extra supply of new ones. Immediately after use, a bottle should always be re-corked, and the corks or medicines should never be changed from one bottle to another.

If the above directions are observed, the medicines may be kept unimpaired for years.

☞ **Genuine Medicines.**—To obtain a beneficial action from the remedies herein prescribed, it is essential to procure them from a person of known character, who has been trained, and who is exclusively engaged as a Homœopathic chemist. Failures in Homœopathic practice often arise, no doubt, from the inefficient medicines. Inasmuch as any person has been hitherto allowed to assume the designation of "Homœopathic chemist," without submitting to any test of qualification, there is the greater need for exercising caution as to the source from whence the medicines prescribed are obtained. Persons who are in doubt on the subject, and in whose locality there is no such chemist as we have indicated, should consult a professional Homœopath, who will inform them of trustworthy persons from whom the medicines may be procured. Homœopathic remedies should not be purchased from an

Allopathic druggist's shop, unless a separate room is specially appropriated to them ; otherwise the virtues of the medicines are liable to injury by close proximity to strong smelling drugs ; and further, Homœopathy, with such associations, is generally kept in the background. Druggists, with few exceptions, are opposed to Homœopathy, often deprecate it, and when they can do so, recommend their own preparations in preference.

PART II.

CHAPTER I.

Accessories in the Treatment of Disease.

22.—Cod-Liver Oil.

THE value of this agent in the treatment of many constitutional diseases is amply confirmed by long experience. It should be regarded as food rather than medicine, although the minute amount of *Iodine* and *Phosphorus* it contains may account for its curative virtues in many cases in which cod-liver-oil has been the only remedy given.

The complaints in which cod-liver oil is of service need not be here enumerated, as it is prescribed in numerous instances in the following pages. We may however, state that it is especially valuable in the various forms of tubercular disease—chronic discharge from the ears, Ophthalmia, enlargement of the glands, Tubercular disease of the bones, Tubercular Abscesses, etc., and in short, in all diseases which require fatty substances as food, and *Iodine* as a remedy. Its assimilation is promoted, and its beneficial action greatly enhanced, by the addition of ten drops of the first dilution of *Iodium* to each pint of the oil. This addition is especially recommended in Phthisis Pulmonalis, and Atrophy.

In the treatment of *Consumption*, it stands preeminent, by almost universal consent ; when given in suitable cases, its power in checking emaciation and raising the tone of the muscular structures is well known. Other forms of fat (cream, etc.) have also great value.

The value of cod-liver oil is often very marked in the sequelæ of many acute diseases or inflammations occurring in middle-aged and in old persons in whom the reparative powers are less active than in children; also in the after-effects of the acute fevers of children who have suffered, previous to such attacks, from impoverished health,—as chronic discharge from the ears and nose after Scarlet Fever and Measles; the after stages of Whooping-cough; Rickets, Chorea, etc., are generally much benefited by the administration of cod-liver oil. Chronic Rheumatism and Gout, chronic Bronchitis, chronic skin diseases, and the degenerative diseases of the aged, are all more or less benefited by the employment of this agent.

CAUTION.—Cod-liver oil should not, however, be administered indiscriminately. It is generally inadmissible during the persistence of acute febrile symptoms, congestion, hæmoptysis, or any active form of disease; digestion is then impaired, the mucous membrane irritable, and the oil is only likely to occasion disorder. The sphere of cod-liver oil is to remove exhaustion and increase general tone; this is best accomplished when active morbid processes and local irritation have subsided, for then the system is in a condition to appropriate a larger amount of nourishment.

Some caution is necessary to be observed in the administration of oil to obviate nausea or eructations. Such effects generally result from the quantity or quality of the oil used. The large quantity of oil taken in some cases occasions disorder of the digestive mucous membrane, or it passes off with the evacuations. The appearance of any oil unchanged in the evacuations is a sign that the quantity should be reduced, as more is given than can be digested. We generally recommend it at first, in teaspoonful doses, twice a day, with, or immediately after, food ; if the stomach be intolerant of it, a teaspoonful, or for young children, ten or twelve drops, once a day. If there be still difficulty in retaining the oil, we prescribe it at bedtime, just as the patient is lying down to sleep. In cases of extreme irritability of the stomach, cod-liver oil may be introduced into the system by friction ; a considerable amount of friction, as much as the patient can bear, facilitates absorption. When intolerance is really marked the attempt to administer cod-liver oil should be abandoned and reliance placed upon other fat foods, while in addition, *Iodine*, *Phosphorus*, or whatever drug seems best indicated can be given.

The disagreeable effects of oil, and the repugnance felt towards it, have often been created by inferior and disgusting preparations. Probably the best method of rendering the oil palatable is to have it made up in bread, as it is then scarcely tasted. The proper proportion is two to four tablespoonfuls of the oil to one pound of dough. Small pieces of ice in each dose of oil also render it almost tasteless.

Claret or ginger wine are other vehicles for cod-liver oil. The oil should be poured upon the wine, so that it does not touch the glass, but floats on the wine as a large globule, in which way it may be swallowed without taste. A few morsels of agreeable food should then be eaten. A yet further plan to obviate taste and nausea is to take a pinch of salt immediately before and after the oil. And if the fish be not unsuitable, one or two teaspoonfuls may be given with a sardine, the oil being poured over in the absence of the child or patient. The modern preparations in the form of Emulsions are much more palatable than the ordinary oil.

23.—Food for Infants, Invalids, etc.

Beef-Tea.—Put half a pound (or a pound, according to the strength required) of rump-steak, cut up into small pieces (shreds for preference), into a covered tin or copper saucepan, with one pint of cold water. Let this stand by the side of the fire for three or four hours, and let it then simmer gently for one hour. Skim well, and serve. If grease be specially repugnant the last traces may then be removed by lightly skimming the surface with pieces of blotting paper.

The meat used should be as fresh as possible—the fresher the better—and should be cleared beforehand of all fat or gristle. If this precaution be neglected, a greasy taste is given to the beef-tea, which cannot afterwards be removed, except by the above method, or by allowing it to become cold. The saucepan used should be made of copper or tin ; iron saucepans should not be used, unless enamelled. In re-warming beef-tea which has been left to cool, care must be taken to warm the tea up to the point at which it is to be served, and no higher ; it should on no account be allowed to boil. When once allowed to get cold, it never regains the agreeable flavour it possessed when fresh.

Essence of Beef.—Druitt directs its preparation as follows :—" Take a pound of lean beef, free from skin, bone, and fat ; chop it up ; put it into a large earthern jar with cover ; cement the edges with flour paste ; tie it up tightly in a cloth ; put it into a saucepan, and let it boil for two hours ; pour off the liquid essence from the coagulated muscle ; let it stand till cold ; skim off the fat." This contains a large quantity of nutriment, is generally pleasant to the palate, and is particularly valuable in *extreme exhaustion.* A few teaspoonfuls may be given every three or four hours.

SKINNER'S LIQUID BEEF.—This is a very excellent preparation recommended by Dr. Skinner. The directions for preparing it are as follows :—

Take one pound of rump-steak (gravy beef will not do, as it jellifies, and is not so easily digested as rump-steak), remove the fat and membranous portions, cut the muscular fibre into pieces the size of a dice, and pack it into the *empty jar.* The jar may be filled to the top if there is enough of the meat. Before putting on the lid place a piece of calico or muslin over the bottom of the lid in order to ensure its being as water-, air-, and steam-tight as possible. Place the jar in an open pot of cold water, bring it slowly to the boil, and then let it boil for half an hour : the " Liquid Beef " is then ready. Undo the lid, and pour out the contents. At first an oily, yellowish fluid passes, and then a thick, grumous-looking fluid. These two constitute what I call my " Liquid Beef." Lastly, pour into the jar sufficient hot water just to cover the remains of the meat, stir it round with a spoon, and pour off the liquid portion into a cup. This is very good beef-tea, which may be taken by itself, or added to the " Liquid Beef." Taste what remains in the jar, and it will be found to be destitute of flavour, and to have no aroma of meat : boiled cork-shavings is as near it as anything.

The quantity obtainable from a pound of rump-steak is small of the " Liquid Beef," about half a teacupful, but it is extremely palatable and life-sustaining, as well as nourishing. All that it requires is a little salt added, to the taste of the patient. It will be observed that there is *no water or salt, or anything added* to the jar containing the muscular fibre—*nothing but the meat alone.*—See *Homœopathic World*, vol. xxiv., p. 445.

COLD BEEF EXTRACT.—Take one pound of fresh beef, free from fat, chop it up fine, and pour over it eight ounces of soft water, add five or six drops of hydrochloric acid, and fifty or sixty grains of common salt, stir it well and leave it for three hours in a cool place. Then pass the fluid through a hair sieve, pressing the meat slightly, and adding gradually towards the end of the straining about two more ounces of water. The liquid thus obtained is of a red colour, tasting like soup. It should be taken cold, a teacupful at a time. If preferred warm it must not be put on the fire, but warmed in a covered vessel placed in hot water.

These beverages, in common with any nutritious soups, offer a *fluid* form of food just adapted to an imperfect condition of the general bodily functions, which being more or less suspended, require nourishment in a form easy of assimilation. It is on these accounts that their beneficial effects may, at least in part, be attributed. Taken after fatigue, they have a remarkable power of restoring the vigorous action of the heart, and dissipating the sense of exhaustion following severe or prolonged exertion. They are recommended in preference to the glass of wine which some take after preaching, watching, prolonged mental effort, etc.

If lean, raw meat is passed several times through the mincing machine, and every fragment of tendon removed, the ultimate product is a soft homogeneous mass, which is not only easily digested, but possesses such powers of stimulation and nutrition that in many sanatoria for Tuberculosis a great feature is made of its regular administration. It has great value also in convalescence after gastric ulcer, enteric, etc. It is not unpalatable, but its appearance sometimes distresses patients. It may then be given in sandwiches between thin slices of dry bread, or warm (not boiling) stock may be poured over it and it may be taken like soup. The stock must not be so hot as to blanch the meat.

Rice (whole or ground), barley, isinglass, etc., may often be advantageously added to thicken the beef-tea.

MUTTON BROTH.—This may be made in a similar manner to beef-tea, either plain or thickened. For this purpose the best part of the sheep is the scrag end of the neck, free from skin and fat, bruised and cut into small pieces.

CHICKEN BROTH may be prepared from a full-grown young chicken, divested of head, neck, feet, skin, and fat. Toast should be given with it, or it will be rather insipid.

VEAL BROTH is not very palatable ; and as it does not contain the nutritious qualities of beef-tea or mutton broth, it is scarcely advisable to introduce it to the sick-room, except for the sake of variety.

MUTTON CHOPS.—For a convalescent, a mutton chop, broiled over a brisk, clear fire, rather than fried, is generally most suitable. It should be frequently turned on the fire, but not pricked.

FARINACEOUS FOOD.—In all cases of fever, enfeebled digestion, and general weakness, it is desirable to rely mainly on farinaceous food. Even beef-tea may sometimes be too stimulating.

Oatmeal Porridge.—When properly made, this is both wholesome and nutritious, especially when a patient does not suffer from any form of bowel irritation. It has long been the staple food of the Scotch, and produces good muscular fibre and strong bone. It is a very nourishing diet for growing children. Common oatmeal is not equal to it; but it is not always easy to obtain the Scotch. It should be prepared as follows:—Boil water according to quantity required, adding salt to taste; while boiling, sprinkle the meal slowly on the surface and stir it in; when enough is added, let all simmer for half an hour or longer, stirring occasionally.

Pearl Barley forms an excellent meal. It should be boiled for four hours, so tied in a cloth that room is left for the grain to swell. Only so much water should be added from time to time as to feed the barley and supply the waste of evaporation, lest the goodness of the barley should be boiled out. It may be served with milk, or (if the patient can digest them) with preserves or butter.

Rice is regarded with prejudice by many, perhaps because it is cheap. But, prepared with milk, it is both wholesome and nourishing. It is easily digested, and is therefore most suitable for persons suffering from disorders of the alimentary canal, such as Diarrhœa and Dysentery; indeed, we have known the disorder arrested by simply taking boiled rice and drinking the rice-water. It requires less time to prepare than barley—one hour is sufficient; but it may be cooked and served in the same way. *Old* rice is better than new. Baked rice puddings form a pleasant variation. For these ground rice is preferable. Rice puddings, and all other farinaceous puddings made with milk, are more wholesome when made without the addition of eggs.

Macaroni Pudding.—Three ounces of macaroni should be soaked for forty minutes in cold water, well mashed, then added to a pint of boiling milk. This should be stirred occasionally, while it simmers for half an hour; then two eggs added, beaten up with a dessertspoonful of sugar; also, if desired, a flavouring of lemon. This may then be baked in a pie-dish for twenty minutes. *Vermicelli* may be used instead of macaroni, but requires only twenty minutes' soaking.

Part of a *stale* loaf of bread,* boiled, and served with butter and salt, or with preserves, affords a change of wholesome food. Bread puddings made with eggs and milk, either boiled or baked, and sponge cake (*stale*) puddings, made in the same way, diversify the diet.

There are many preparations of farinaceous foods. Some of them have acquired considerable reputation, and are really very excellent; some, on the other hand, are preparations of pulse, which are not adapted to weak digestion.

Arrowroot, Tapioca, Sago, Jellies, etc., are little more than vehicles for the administration of other things. In themselves they afford but little nourishment. Isinglass, however, possesses considerable nutritive qualities.

Toast is rarely made well. Bread burnt on both surfaces, with the inside spongy, is unwholesome food. It should be stale, of moderate thickness, slowly and thoroughly baked through, nicely browned on the outside—in short, not toasted too fast. Such toast is wholesome to eat or to soak in water.

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* It is of great importance, especially when children are concerned, that bread should be pure. The following is a simple test for *alum*, the most common adulterant. If alum be present, a heated knife plunged into the loaf and allowed to remain till cool, will render its peculiar stypic sourness perceptible on placing the knife in the mouth.

FARINACEOUS Foods.—Many years' experience in the use of Neave's Food justifies the recommendation of it as an excellent article of diet for infants, invalids, and persons of feeble digestion. Competent chemical analysts have found the preparation to contain every constituent necessary for the nourishment of the body ; and this has been abundantly confirmed by what we have frequently observed as the result of its use. For infants it should be prepared according to the directions supplied with the food, taking care not to make it too thick ; and, in the majority of cases, it is the best substitute for the mother's milk. It also makes a very agreeable and highly nutritive *gruel.*

One precaution is necessary. Neave's food should be obtained *fresh* and in *good* condition ; if kept and exposed too long, it deteriorates. Under favourable circumstances it keeps good for from six to twelve months, and may generally be procured in excellent condition from the leading homœopathic chemists. Du Barry's Revalenta, Benger's, Mellin's and Allen & Hanbury's foods are all valuable. Sometimes a patient can take one and not another, so that it is desirable to have a choice of several.

Those foods which consist of nearly pure *starch,* as "corn-flours," so called, and all those which thicken in like manner, contain but a small proportion of nutriment, being less sustaining, and also more difficult of digestion, than ordinary stale bread. For young infants and for children suffering from Diarrhœa, Indigestion, Constipation, Flatulence, Atrophy, or Aphthæ, they are very unsuitable. In all cases, foods which contain traces of bran, and also gluten, gum, sugar, cellulose, and saline matter—especially the phosphates—in proportion to the starch, are to be preferred.

SUGAR-OF-MILK.—A preparation of cows' milk and sugar-of-milk forms a still lighter food, and one which may be used when farinaceous food disagrees. Cows' milk may be assimilated to human by dilution with water and the addition of sugar-of-milk. Cows' milk contains more fat (*cream*), and caseine, or cheese-matter, but less sugar, than women's. When necessary to bring up a child by hand from birth, sugar-of-milk is most suitable to commence with.

Formula.—Dissolve one ounce of the sugar-of-milk in three-quarters of a pint of boiling water. Mix, as wanted, with an equal quantity of fresh cows' milk, and let the infant be fed with this from the feeding-bottle in the usual way. The bottle should be washed after feeding, and the teat kept in cold water until wanted again.

It is important to use only cows' milk of a good quality, and always to administer it at the same temperature as that of breast milk.* After the fourth or sixth month, *Neave's Farinaceous Food* is generally more suitable.

CONDENSED MILK.—Residents in London and large towns, where it may be difficult to obtain good wholesome milk, may find it advantageous to use the consolidated milk, imported in sealed tins from Switzerland and other parts. It is prepared by the evaporation of water and the addition of sugar, and when opened the milk is of the consistence of paste. It contains all the elements of pure milk and cream, with sugar in addition; so that it will require only careful dilution with warm water to adapt it to the weak digestion of infants.

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* *See Diseases of Infants and Children.* 6th Edition, 1899.

In some instances, however, the excess of sugar proves deleterious, causing acidity and other gastric derangements. The modern preparation of dried milk, known as Glaxo, is a most excellent preparation, superior to any condensed milk. It is retained sometimes when every other food is rejected.

24.—Demulcent Beverages.

BARLEY-WATER.—Wash a tablespoonful of pearl barley in cold water ; then add to it two or three lumps of sugar, the rind of one lemon, and the juice of half a lemon ; pour on the whole a quart of boiling water, and let it stand for two or three hours ; then strain it. Instead of lemon, currant-jelly, orange-juice, or sliced liquorice may be used to flavour. Barley-water is a valuable demulcent in colds, affections of the chest, Hectic fever, etc. It is also useful in *Strangury* and other diseases of the bladder and urinary organs.

LINSEED-TEA.—This is often a useful beverage for soothing irritation in Cough, Catarrh, Consumption, Pneumonia, Diarrhœa, Dysentery, Inflammation of the bowels, Leucorrhœa, difficult micturition, and other inflammatory diseases. It is prepared by adding one ounce of linseed and half an ounce of sliced liquorice-root to two pints of boiling water, and macerating in a covered vessel near the fire for two or three hours ; it should then be strained through a piece of muslin, and one or two tablespoonfuls taken as often as necessary. Sliced lemon and sugar-candy will make it more palatable. Where liquorice is disliked it can be omitted in preparation.

RICE-WATER—is valuable in diarrhœa. Boil the best rice in a good measure of water for ten minutes, strain off the water, and add more ; and so on till the goodness is boiled out of the rice. The water is ready to drink when cold. Cream may be added, if there be not high fever ; a pinch of salt also, if desired.

TOAST-WATER—is rarely well made. A slice of stale bread (crust is better) should be slowly baked through (not burnt), then put in a jug with a quart of boiling water poured over it, and allowed to stand covered till cool. It may be flavoured with lemon-peel.

Barley-Water, Toast-Water, and *Linseed Tea* are more or less useful in similar conditions, one being substituted for the other for the sake of variety.

LEMONADE.—Cut a lemon into slices, and put it into a jug with several pieces of loaf-sugar. Add a pint of boiling water, cover, and let stand till cold. After straining it is fit for use. Recommended to allay thirst, irritation of the throat, etc.

SWEETS.—It should be remembered by those who provide the diet of invalids that they soon tire of *sweets*, and that they gladly take something *savoury*. A perpertual round of sweetened drinks, jellies, etc., soon palls the appetite.

FRUITS.—Ripe fruits in season are palatable and refreshing to an invalid, and need rarely be withheld if well cooked, even in acute forms of stomach disorder. In all cases, whether cooked or not, the skins and seeds should not be eaten. Oranges, grapes, and strawberries stand first for delicacy and wholesomeness, although some patients have an idiosyncrasy that prevents them from taking strawberries. Apples, pears, peaches, nectarines, etc., stewed, baked (not burnt), or boiled, may be served with sugar or syrup.

Gooseberries, currants, and raspberries may be taken in moderation. Plums and greengages are rarely suitable. Bananas if liked are very useful.

Fruit syrups, mixed with water, make an agreeable drink in hot weather, or during fever. The proportion should be one or two dessertspoonfuls to a tumblerful of cold, filtered water. Marmalade is also generally acceptable.

25.—Ice.

Ice is a valuable therapeutic agent, and is now extensively used both internally and externally, chiefly to check hæmorrhage, to moderate inflammation, and to soothe the uneasy sensations of febrile and other disorders. Physicians vary much in their use of the ice-bag. On the whole the modern evidence seems to weigh against its use. It is certainly only to be employed under the advice of the expert.

In *Inflammation of the Tonsils*, the *Sore-throat* of Scarlatina and other acute specific fevers, and in *Diphtheria*, the use of ice relieves pain and arrests inflammation. Ice also checks the secretions from the throat, and so obviates frequent painful efforts to detach the mucus from the crypts and follicles of the tonsils. For these purposes suitable pieces, frequently repeated, should be sucked.

In *hæmorrhages* ice is extremely valuable. To arrest bleeding from the *mouth, throat,* or *nostrils,* ice should be applied directly to the bleeding vessels or to the surface, when it forms a fairly efficient styptic. When hæmorrhage comes from the *stomach* or *lungs,* ice should be repeatedly *swallowed* in small pieces, but if not quickly effective it should not be persevered with

To arrest *uterine hæmorrhage*, by promoting firm contraction of that organ, injections of hot water have been found more efficacious, and their use is not attended with the amount of shock which cold sometimes entails. The temperature should be from 110° to 120° F., according to the sensitiveness of the vulva and vagina.*

CAUTION.—Ice is contra-indicated in conditions such as the following :—*Old Age*, especially in feeble patients, *Apoplexy* and *Coma*, in persons with a feeble pulse ; *advanced* stages of disease ; *extreme feebleness*. In such cases the great sedative power of ice might overwhelm the patient, and stop the action of the enfeebled heart. It is also advisable to avoid too great a shock to the system in any case.

26.—Warm and other Baths.†

WARM BATH.—The temperature of the water must be raised to 98° F., to a point which is agreeable to the back of the hand ; then, if the patient be a child, he should be immersed up to his neck, and a cold wet towel or a large sponge may be applied to the head (for about three minutes only) ; the child being kept in the bath for five, ten, or twelve minutes, but removed before the stimulating effect has passed off ; otherwise reaction and depression may come on. If the sight of the water make the child afraid, a blanket should be spread over the bath, the child placed upon it, and gently let down into the water, if necessary to prevent fear.

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* *See* Spiegelberg's *Text-Book of Midwifery*, vol. ii., p. 238, New Sydenham Society's Translation.

† For the correct or safe administration of warm baths, a bath-thermometer is indispensable. The hand is a very imperfect guide. In the absence of a thermometer, the nurse should uncover her arm to the elbow and immerse it in the water, as the skin of the elbow is thin and sensitive to any excessive degree of heat.

The temperature should be *fully maintained* by additions of fresh hot water carefully poured down the side of the bath till the patient comes out. The bath should be given in front of a good fire, and a warm blanket be in readiness to wrap the patient in directly he leaves the bath.

The warm bath (92° to 98° F.) and the hot bath (98° to 112° F.), are remedial agents of great value in many affections. They are chiefly used to equalize the temperature of the whole body, to soothe the nervous system, to control the action of the heart, to promote perspiration, to relax the muscular and cutaneous system, and, especially, to equalize the distribution of blood throughout the body. In the latter instance a disproportionate quantity of blood in the internal organs is recalled to the surface, and free circulation promoted.

The warm bath is often of signal benefit in the diseases of children—*Convulsions, Spasmodic Croup, Measles, Scarlatina,* etc. ; also in *Scarlatinal Dropsy,* as well as in other dropsical affections. In the fevers of children, it calms the nervous excitement, and is often followed by refreshing sleep. In infantile convulsions the application of hot water to the head has often a great effect in calming the patient.

It also aids the cure in inflammation of the kidneys, bladder, and uterus ; at the grand climacteric a general warm bath, prolonged, once a week, cures or prevents many of the ailments incident to the period, by promoting free action of the skin. In spasmodic stricture of the urethra ; in the passage of renal and biliary calculi ; in many spasmodic affections of the bowels, *Colic,* etc.; in *Prurigo, Tetanus, Diabetes, Bright's Disease,* and in the *Melancholy of Insanity,* it is often of signal service.

THE VAPOUR-BATH.—This has a similar action, and is applicable to most of the cases mentioned under the "warm bath," but is more particularly useful for adults in some forms of Rheumatism and dry scaly diseases of the skin. The patient being seated, undressed, upon a cane-bottomed chair, a jupon or crinoline should be placed over the shoulders, and tied round the neck. Blankets should then be secured outside this, completely covering it from top to bottom so as to retain the steam, which may be obtained by placing a pail of boiling water under the chair. When steam ceases to be evolved, it may again produced freely by gradually immersing in the water a red-hot brick or piece of iron, such as the heater from the tea-urn. It is now possible to obtain comparatively simple apparatus for administering the Vapour Bath at home. The method described, is, however, effective enough if carefully carried out. During the bath one or two tumblers of cold water should be sipped. To prevent headache, the forehead should be bathed with a sponge dipped in cold water, or a napkin wrung out of cold water may be laid on the head. If necessary, also, the feet should be put into a pan of moderately hot water, the heat of which should also be maintained by adding, after a few minutes, fresh hot water. After the patient has perspired for ten to fifteen minutes, he should be *quickly* washed with tepid water, dried, and at once retire to bed. Or he may sit in a *shallow bath* at a temperature from 60° to 80° F°., the extremities and trunk being well rubbed by an assistant, and water gently poured over the head for three or four minutes, after which the patient should be dried, and retire to bed.

Care should be taken that the surface of the steaming water is not too near the seat of the chair, as the patient would be scalded if the steam was directed immediately upon a limited portion of the body. Indeed, fatal results have occurred through carelessness on this point.

THE HOT FOOT-BATH.—Immediately before retiring to bed the patient should be undressed, but well covered with one or two blankets, which should also cover the foot-bath, so that the steam may have access to the body generally ; the feet and part of the legs should then be put in hot water (98° F.), and the temperature afterwards increased by fresh additions of hot water for ten, fifteen, or twenty minutes, according to the strength of the patient, and until free perspiration breaks out on the face. He should then be rapidly washed with tepid water, rubbed dry, got into bed, and well covered with clothes. Perspiration should be further encouraged by drinking cold water. On rising in the morning, if sufficiently recovered, he should take a cold plunge or shower-bath, or quickly sponge over the whole surface of the body, after which he should be vigorously dried by a large bath sheet. This local warm bath is used for a variety of purposes, and if adopted early, and carried out according to the foregoing directions, will promote general perspiration, and arrest or relieve *Catarrh, Fever,* etc., in the incipient stage.

The *hot foot-bath,* or the *hot sitz-bath,* is also useful in sudden suppression of the menses during the flow, from exposure to cold or wet ; it relieves the distressing sensations to the patient, and aids the return of the function. Headache, palpitation, the hysteric sensation of choking, piles, etc., are likewise removed or relieved by a local warm bath.

THE BLANKET BATH.—This is an easy method of inducing perspiration. A blanket is wrung out of hot water, and wrapped round the patient. He is then packed in three or four dry blankets, and allowed to repose for thirty minutes. The coverings may then be taken off, the surface of the body rubbed with warm towels, and the patient made comfortable in bed (*Tanner*).

COLD SITZ-BATHS.—These are useful in some cases of *Amenorrhœa.* The patient should sit for five to fifteen minutes at bedtime in a hip-bath, with water at 58° to 60°, the legs and feet kept quite warm, and the shoulders well covered. After the bath she should be rubbed till warm, and then retire to bed ; with a foot-warmer, if chilly. In appropriate cases the bath may be taken every night for a week or two.

THE WET-PACK.—A mackintosh sheet, or thin oil-cloth, or stout blanket or quilt, should be spread on a mattress, and over it a thick linen sheet, *well wrung* out of *cold* water. In fevers, the colder the water is, the better ; for delicate persons with feeble reaction, water at 68° may be used. The patient is to be extended on his back naked on the wet sheet, so that the upper edge covers the back of the neck, but the lower one is to project beyond the feet ; holding up the arms, one side of the sheet is to be thrown over the body and tucked in ; the arms are now placed by the sides, and the other part of the wet sheet is thrown over all, and tucked rather tightly in, turning in the projecting ends under the feet. The mackintosh or blanket is then to be brought over all the sheet, and well tucked in around the neck, at the sides, and over the feet, so as completely to exclude the air. A stout quilt or extra blanket is to be put over all. In a short time the patient will become warm; the sensation is most agreeable, especially in fevers. The patient may remain in the pack for thirty, forty-five, or sixty minutes, the duration being regulated by the effects produced. The patient should then be put into a shallow bath at 64°, well-washed, dried, and put to bed. It may be repeated once, twice, or thrice a day, according to circumstances and the violence of the attack. Perspiration may be encouraged by giving sips of cold water. If the head become congested, or the face flushed while in the pack a cold compress should be applied over the forehead for a few minutes. By attention to the above directions, almost any person can carry out the treatment. The pack promotes the removal of excess of heat by largely augmenting the exhalent action of the skin; at the same time a large amount of heat is removed by the evaporation of the water in the sheet. There is no danger of internal mischief arising, for the tendency of the pack is to divert the circulation from the central organs, and to maintain it in vigour on the extensive surface of the body. The wet-pack is invaluable in the *early* stages of all fevers; and in *Scarlatina, Measles, Small-pox,* etc., it assists in bringing out the eruption. Of late years *Enteric fever* has been treated largely with the use of tepid baths (repeated every three hours, if the temperature is high) of a heat of from 80° to 90° F. If this treatment is adopted it must be at the advice and under the direction of the medical man. The wet pack or cold sponging are sometimes substituted for the baths.

For suggestions on Bathing as a hygienic measure, see Part I., Sec. II.

27.—Glycerine.*

Glycerine, or glycerine of starch (see Formulæ, Part V.), is of great use as an external application, when the lips or hands are chapped, or when the skin is left rough and inelastic, as after Eczema and other skin complaints. It quickly gives suppleness to the tissues, and removes burning, tingling or smarting. Glycerine should be mixed with an equal quantity of water, or, still better, of eau-de-Cologne, as without such dilution smarting may be set up, or even inflammation of the tissues. The glycerine of starch may also be used in Xeroderma to make the skin soft and supple. A bath should also be taken each day, and the application made after the body is wiped thoroughly dry. Glycerine is a good application to the meatus of the ear, when the tissues are dry.

In the last stage of chronic diseases, as Phthisis, the tongue and inside of the cheek become dry, red, and glazed, often with great thirst. These discomforts may be lessened or removed by washing them out with glycerine and water. If used alone, glycerine is liable to make the mouth clammy. If Thrush have attacked the mucous membrane in the above-mentioned disease, it may be removed by the employment of glycerine.

Glycerine and carbolic acid may be applied with advantage to fœtid sores, such as open cancer, whether on the surface of the body or in the uterus. It removes the offensive smell of the discharge and also improves the condition of the sore.

Glycerine and borax form a good application to Pityriasis of the scalp.

Glycerine, or glycerine cream, is one of the best preventives of bed-sores. The part exposed to pressure should, if possible, be washed every morning and evening with tepid water, and carefully wiped quite dry with a soft towel, and then a little glycerine, or glycerine cream, rubbed gently over the part with the hand. If the part be at all sore or tender, the latter is best. Glycerine should be used before any redness or tenderness occurs, as it is preventive rather than curative.

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* Chiefly from Ringer's Therapeutics.

Glycerine is also of use as an injection in cases of constipation when the motion is in the lower bowel but cannot be expelled. An injection of a teaspoonful of glycerine, or the insertion of a glycerine suppository, will often give all the assistance required.

28.—Wet Compresses.

A cold compress consists of two or three folds of soft linen wrung out of cold water, applied to the affected part, and covered by a piece of oil-silk, gutta-percha foil, or indiarubber-cloth, which should project a little beyond the wet cloth on all sides, so as to prevent evaporation from the linen. In parts subject to considerable motion, as the throat and neck, the edges of the oil-silk should be folded in over the wet linen, so as to prevent its exposure to the air. For persons with feeble reaction, the compress may be held for a minute in front of a fire before applying it.

Compresses are generally best applied at night, as it is often impossible to keep them in *close apposition* while moving about. After removing them in the morning, the parts should be sponged with cold water to restore the tone of the skin.

ABDOMINAL COMPRESS.—This consists of two or three thicknesses of linen from about six to nine inches wide, and long enough to go round the whole body, or the linen may only cover the front part of the abdomen, or even only the seat of uneasiness ; this should be wrung out of cold water, covered with oil-silk, and secured by a flannel or linen roller with strings, to keep it in nice apposition with the part which it covers. This may be worn several nights in succession, the parts being well sponged with cold water and rubbed with a coarse towel on removing it in the morning. In Constipation it is often a most useful adjunct to our medicines, and in Diarrhœa it relieves irritation and facilitates the cure.

COMPRESS FOR THE THROAT.—A piece of linen or flannel should be wrung out of cold water, and wrapped in two or three thicknesses round the throat ; this should be covered with oil-silk, and over all, two or three thicknesses of flannel to maintain the warmth. When this is applied, the patient should retire to bed, and he will generally have the satisfaction of finding his throat-difficulty much relieved by the morning.

CHEST-COMPRESSES.—In Bronchitis and other inflammatory affections of the lungs or pleura, the use of wet compresses, after or before poultices, greatly aids the action of the medicines. Compresses adapted for the chest and other parts may be obtained from most homœopathic chemists.

Sores, ulcers, and tumours are often benefited by compresses in local forms of rheumatism, as lumbago ; some inflammatory affections of the knees, ankles, and other joints ; and in sprains and other injuries they hasten the cure.

The appearance of a rash or eruption of pimples after the continued use of the compress is regarded as favourable. If the rash be very troublesome, the compress may be discontinued and glycerine and eau-de-Cologne in equal parts, smeared over the eruption.

SPINAL HOT-WATER AND ICE-BAGS.—In many female derangements, Chapman's spinal bags are of great utility when judiciously used. The ice-bag requires greater caution than the hot-water bag, especially during pregnancy, indeed medical opinion is increasingly adverse to its use.

29.—Poultices.*

Poultices or cataplasms are recommended on account of the warmth and moisture they convey, and are applied to the skin when it, or an underlying structure, is inflamed. They mitigate pain by relaxing tension and promoting perspiration. Poultices may be made as follows :—

LINSEED-MEAL POULTICES.—Boiling water should be poured into a heated bowl, and into this the meal quickly sprinkled with one hand, while the mixture is constantly stirred with a knife or spatula with the other, till a thin, smooth dough is formed. If the water be added to the meal, little knots are apt to collect. The dough should be quickly spread on warmed linen already cut to the required shape, or put into a bag, and applied. Linseed-meal retains heat and moisture for a long time, but is liable to irritate delicate or inflamed skin. Instances of intolerance to linseed poultices have been reported in which the mere application has brought on almost fatal attacks of asthma.*

BREAD POULTICES.—Put slices of bread into a basin, pour over them boiling water, and place by the fire for a few minutes, when the water should be poured off, replaced by fresh boiling water, and this again poured and the bread pressed, beaten with a fork, and made into a poultice. Bread poultices are valuable for their bland, non-irritating properties.

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* For this and the following section the author is mainly indebted to Ringer's Therapeutics.

* See *Homœopathic World*, vol. xx. p. 316, and vol. xxvii. p. 513.

CHARCOAL POULTICES.—Uniformly mix charcoal with bread poultice, and just before the application of the poultice sprinkle the surface with a layer of charcoal. Or charcoal may be sprinkled on a wound or ulcer, and a simple bread poultice applied over it. Charcoal poultices correct offensive smells from foul sores, and favour a healthier action.

CARROT POULTICES.—Boil carrots quite soft, mash them with a fork, and apply in the ordinary way. They are said to make wounds cleaner and healthier.

Poultices are chiefly useful in the following complaints:—Pneumonia, Pleurisy, Bronchitis, Pericarditis, Peritonitis, Acute Rheumatism, Lumbago, and to mature and facilitate the discharge of matter in Abscesses, Boils, etc.

When used to mature Abscesses or disperse inflammation, poultices should extend beyond the limits of the inflamed tissue; but after the discharge, the poultices should be very little larger than the opening through which the matter is escaping. At no time should they be continued long or be kept applied continuously. Fomentation with hot Calendula lotion is generally preferable to poulticing for maturing an abscess. If continued too long, large poultices sodden, and irritate the parts, and may develop fresh boils around old ones.

In Pneumonia and all deep-seated inflammation, they should be renewed as soon as they become cool, and the former one not disturbed till the fresh one is ready to replace it. Or else, after the removal of poultice, the part should be rapidly dried with a *hot* towel and then covered with a sheet of hot cotton wool. Poulticing has often a better effect if it is alternated with dry applications in this way. In Bronchitis, and Pneumonia, a *jacket-poultice,* to go round the chest, with tapes to secure it in front and over each shoulder, is necessary to insure efficient and uniform action. Of recent inventions the preparation known as anti-phlogistine has come largely into use as a substitute for poultices, and has considerable value. It can be obtained from any chemist with directions for its use.

To retain heat for a long time, poultices should be covered with oil-silk, or with a layer of cotton wool. One of these methods is preferable to a very thick poultice, which might cause inconvenience or pain.

In acute Lumbago they must be applied thick, hot, large enough to cover the affected part, and be renewed immediately they become cool. After continuing this treatment for from one to three hours, the skin should be wiped dry and covered with flannel, and this again with oil-silk. Like the poultice, this last application promotes free secretion from the skin, to which the good results are mainly due.

30.—Fomentations.

Fomentations, by means of flannel wrung out of hot or boiling water, are employed for purposes similar to poultices, but are lighter and less likely to increase the pain in sensitive parts. The hot flannel is placed in stout towelling, and twisted round till as much water as possible is squeezed out. If well wrung, it may be applied very hot without any danger of scalding the skin.

Fomentations with hot water are useful in *relieving pain, arresting inflammation,* and checking the formation of matter, and are often valuable adjuncts to poultices. *Acne indurata* and similar *inflamed pimples* can often be or reduced in size by them. Conjoined with poultices, they expedite the passage of matter to the surface, and favour its subsequent expulsion. In such cases the value of fomentations and poultices depends upon the heat and moisture; water for the fomentations should therefore be used *hot,* and fresh supplies of hot water added as it becomes cool. After well fomenting, poultices should be applied as hot as possible, and frequently renewed.

In Inflammations, Spasms, and pains affecting deeply seated structures, as in the chest or abdomen, great and quick relief often follows hot fomentations.

DRY FOMENTATIONS.—When heat alone is required, and it is desirable to avoid the relaxations of tissues which moisture would occasion, *dry* heated substances —flannel, bran, camomile flowers, salt, sand, etc.—are used. After thoroughly heating the substance, it should be placed in a bag made for the purpose, and which has also been previously heated. Sometimes as in Spasm and its accompanying pain, a thin piece of flat tile, heated in an oven, and wrapped in warm flannel, may be employed. For mere evanescent heat, flannel strongly heated before the fire may suffice.

31.—Enemata—*Injections.*

An enema is a liquid injected into the large intestines, through the rectum, by means of a suitable instrument. Injections are used for various purposes, and consist of different substances, chiefly as follows :—

1. *To relieve the bowels.*—Injections act, not simply by washing away the accumulated fæces, but by distending the rectum and promoting peristaltic action more or less through the whole intestinal canal. For this purpose a large quantity—one or two pints, or even more—should be slowly injected. After the introduction of the fluid the patient should lie down and retain the injection for ten or fifteen minutes. So large a quantity of fluid could scarcely be introduced or retained, except by patients who have previously used injections. As a general rule, the best fluid for injection is *tepid water,* to which a little salt should be added. Warm injections relieve pain or irritation, either in the bowel or in an adjacent organ—the bladder, the uterus, or even the kidneys. The "high" injection (irrigation of the colon), requires an expert nurse, but has a great value in long-standing constipation, and some other conditions.

2. *To restrain Diarrhœa.*—For this purpose small injections only are necessary—one to two ounces ; if copious enemata are used, the intestines are stimulated to contract and expel their contents. Starch water (tepid) is an excellent material for such a purpose ; it should be made of the consistence of cream, and about two ounces used. In incurable cases, and when the Diarrhœa resists other means, a few drops of opium should be added to the starch. Starch injections are especially useful in acute, excessive, and dangerous Diarrhœa, of Enteric Fever, Dysentery, Phthisis, and the Choleraic Diarrhœa of children, but are seldom required when homœopathic medication has been applied early.

3. *To remove thread-worms.*—For this purpose, half a pint to a pint of water, to which ten drops of eau-de-Cologne or of Spirit of Turpentine have been added, answers the purpose admirably (see Section on Worms). In order that the water may be thrown as high up into the bowel as possible, a vaginal gum-elastic tube may be attached to the enema-syringe, and, after being well greased, gently pushed right up the bowels. Here, however, as in other cases, general treatment is necessary to correct the constitutional condition on which the disease depends.

4. *To convey nourishment.*—Injections are sometimes used to sustain the system, by introducing food up the rectum when it cannot be taken by the stomach, as in acute Gastritis, obstinate vomiting, Cancer, etc. Beef-tea, soup, milk, the brandy-and-egg mixture, etc., may be administered in this way. It is necessary that the rectum should be empty before injecting nourishment, and it is at the best a makeshift. Effective nutrition cannot long be maintained in this way, although it will serve to tide over an emergency. Medicinal substances are also sometimes administered by means of enemata.

32.—Inhalation.

In its therapeutic sense, inhalation is the act of drawing air, impregnated with the watery vapour of medicinal substances, into the air-passages. It is an extremely useful mode of administering various remedies when their action is chiefly required on the mucous surfaces of the respiratory passages, *Iodine, Sulphurous Acid, Phosphorus, Kreasote, Borax, Permanganate of Potash, Aconite, Hyoscyamus, Belladonna, Ipecacuanha,* *Carbolic Acid*, etc., may be well given by inhalation in certain diseases chiefly involving the throat and large bronchial tubes, or in irritative or convulsive cough, or when there is fœtid expectoration. Quinsy, catarrhal and ulcerated Sore-throat, chronic Bronchitis, Phthisis, etc., may be more or less benefited by inhalation. The method of inhaling is very simple, and is often done quite effectively, and with less effort, without a special inhaler. All that is required is a jug of *hot* water, over which the face may be held, and a towel so arranged that it covers the face below the eyes and surrounds the top of the jug, so as to confine the vapour. A few drops of the drug to be inhaled being dropped into the hot water, the medicine finds ready access to the air-passages through both the mouth and the nose. This may be practised for five or ten minutes at bed-time, and if necessary, and the patient has not to be exposed to cold air during the day, it may be repeated once, twice, or oftener in the day. In acute inflammatory diseases of the throat, simple or medicated vapour may be administered as frequently as the patient's strength and other circumstances permit. A portion of the drug thus administered reaches the lungs and enters the general circulation ; but the chief action of the medicated vapour is on the throat and bronchial mucous surface.

In some cases of inhalation, a new, clean, common clay smoking pipe may be employed. The bowl should be filled with sponge, or loose cotton, and a teaspoonful of the spirit to be inhaled poured in. The pipe is not to be lighted, but, by deep inspirations, the particles of spirit may be drawn through the tube into the air vessels of the lungs.

In some diseases vapour may be inhaled by diffusing it through the apartment by the steam from a kettle with a long spout kept constantly boiling, or by forming a tent over the bed and covering it with blankets, and then bringing a pipe to convey the steam under it. The use of the steam kettle is to be deprecated in Diphtheria. It gives some relief sometimes in Bronchitis, but in ordinary cases, simply keeping water boiling in the centre of the room will moisten the atmosphere sufficiently.

Besides the administration of various remedies to the respiratory passages, the local application of the *steam of hot water* is very serviceable : it soothes the inflamed mucous membrane, aids expectoration from the lungs, and removes mucus from the crypts and follicles of the tonsils.

Inhalation can, however, be only a subordinate method of treatment in constitutional diseases, such as Consumption, and is chiefly palliative rather than curative. A well-chosen homœopathic remedy, administered in the usual way, just as certainly reaches the seat of the disease as anything inhaled can do, and at the same time tends to correct the constitutional error on which the local symptoms depend.

When a patient has to be exposed to cold air after inhalation, the vapour should be *cold*, and formed and distributed by the *Spray-producer*. This is an important precaution. In many cases in which it is desirable to use topical applications directly to a diseased part, this is the best method ; the fluid may be injected or thrown as a fine spray, so as to be inhaled by the patient, by means of the spray-producer. By breaking up the fluid into a very small spray, substances can be inhaled without inconvenience, and brought into direct contact with the bronchial tubes, even as far as their small ramifications. The instruments called Atomizers which can be obtained from any chemist are admirable for making a very finely divided spray of medicinal substances suspended in an oily vehicle like Paroleine.

33.—Some Directions on Nursing.

The services of an intelligent, experienced nurse form a part of the treatment of the sick quite as essential as the administration of medicine. To aid her to some extent in the performance of this duty, the following *general* hints are offered. Particular instructions, suited to various diseased conditions, are given, when needful, throughout Part III., under "Accessory Treatment." Persons having the charge of patients should always refer to this portion of the Section, in which the case of illness is described, and also be familiar with the various directions contained in this Part II. Special directions concerning infectious fevers are given in the Section on Enteric Fever. In serious and difficult cases the medical attendant alone can furnish instructions adapted to the peculiarity of each case; and it is the nurse's duty faithfully to carry out his directions, and to report to him at each visit the effects of the treatment.

1st. The *sick-room*.—The following points should be kept in view: (1) The apartment should be *airy*. A spacious, well-ventilated room, allowing an uninterrupted admission of fresh air, and the free escape of tainted, is a valuable element in the management of the sick. Fresh air can only be insured by an open window or door, or both. It is generally desirable to have a blazing fire kept burning night and day, both in summer and winter, as this assists ventilation; but the patient's head should be protected from it. The room should be divested of all superfluous furniture—carpets, bed hanging, etc. (2) The room should be provided with a *second bed*, or convenient couch, to which the patient should, if possible, be removed for a short time at least once in the twenty-four hours. This insures a change of atmosphere around the patient's body, and at the same time allows the bed to be aired. (3) The apartment should be *darkened*, not by excluding all light and air, by closed shutters, or closely-drawn bed-curtains, but by letting down the window-blinds, and securing a *subdued* light, and by protecting the patient's face from the glare of gas, lamps, etc. (4) The sick room should be *quiet*. Silk dresses and creaky books, the crackling noise made by handling a newspaper, etc., often distress invalids; the tones of the voice should be gentle and subdued, but whispering avoided; all unnecessary conversation and noise must be forbidden. (5) The *temperature* of the room should be ascertained by a *thermometer*, as the sensations of the nurse cannot be depended upon as a sufficient guide; a thermometer, suspended out of a current of air and the direct heat of the fire, will correctly indicate the temperature of the room. The temperature may be varied according to the nature of the disease from which the patient suffers. In Fevers, etc., about 55° will be the proper warmth. In Inflammation of the Lungs and Bronchitis, a higher temperature is necessary—60° and upwards. In all inflammatory affections of the chest, the air should be warm, and not too dry (see "Inhalation"), so as not to irritate the inflamed lining of the air-tubes. Cold-air and too many bed-clothes are sure to increase the mischief. Under all circumstances it must be remembered that the temperature considered necessary is on no account to be maintained by excluding fresh air from the room, and making the patient breathe over and over again the air which has already been made impure. (6) Patients suffering from infectious diseases should be isolated, and occupy a room on an upper story, to prevent the spread of the infection to others. Mothers who frequently go in and out the room must keep a loose cotton gown hanging behind the door, ready to put on over their other dress whenever they enter it before waiting on the infected patient, and to be taken off again when leaving the room. These wrappers must be frequently boiled and in no case should the mother go straight from the sick-room to see a healthy child. She should if possible be a little while in the open air after leaving the patient, and she must observe in all ways the most scrupulous cleanliness.

2nd. *Cleanliness.*—Fears are often expressed that in washing the surface of a patient's body, or even in changing his linen, any eruption or rash should be driven in, or that cold should be taken. If done properly, there is not the least ground for any such fear. The patient should be sponged over as completely as possible at least once a day with warm or cold water, as may be most agreeable to his feelings, and then quickly but carefully dried with a soft towel. If the patient be much exhausted, a small part of the skin may be washed at one time ; or, instead, first a damp and then a dry towel may be used under the bed-clothes, so as to disturb the patient as little as possible. See the Section on Enteric Fever.

3rd. *Beverages.*—In most cases of illness, especially at the commencement, cold water, barley-water, raspberry-vinegar and water, apple-water, toast-and-water, lemonade, or soda-water (see "Demulcent Beverages," pp. 78-80), are nearly all that are necessary. There is sometimes a foolish objection raised to allowing cold water to a patient ; but it is not only most refreshing, but an agent of supreme importance, lowering excessive heat, giving vigour to the relaxed capillaries, and accelerating favourable changes. The quantity of cold water given at a time should be small —one or two tablespoonfuls—and repeated as often as desired. Sucking ice is useful and grateful.

4th. *Food not to be kept in the sick-room.*—Miss Nightingale's suggestion on this point is worth repetition here. It is this,—do not keep the food, drink, or delicacies intended for the patient in the sick-room or within his sight. The air and temperature of the apartment are liable to hasten putrefactive decomposition, especially in hot weather, and the continuous sight of them to cause disgust. Rather take up for him, at the fitting time, and by way of surprise, two or three teaspoonfuls of jelly, or as many fresh grapes as he may consume at once, or the segment of an orange. Or, if it be appropriate to his condition, a small cup of beef-tea, covered with one or two narrow slips of toasted bread, just from the fire.

Watching patients, moderation in convalescence, change of air on recovery from illness, etc., are elsewhere enforced, and may be found in the Section on Enteric Fever.

CHAPTER II.

HOMŒOPATHY AND ITS PRACTICE.

THE word Homœopathy is frequently used without a very clear understanding of its meaning, especially to-day, when the extreme rancour with which it was treated by its opponents on its first introduction to the world has largely subsided. Its opponents have seldom troubled to understand its method or its aim; contenting themselves with a hasty judgment upon an imaginary doctrine, they have been too busy with anger and contempt to investigate or comprehend. In the earlier days it was necessary at least for the partisans of Homœopathy to understand it, so that when this Manual was first compiled it was safe to assume that most of those who used it would not need instruction in its tenets. But to-day there are many who by upbringing or tradition or personal experience are inclined to believe in Homœopathy as a practical method of treatment, but have little or no knowledge of the principles upon which its practice is based. For them and for any enquirers, this chapter may have a value.

In the first place, to clear the ground, let it be said that the practice of Homœopathy is concerned entirely with the application of drugs to diseases. It consists in a principle of drug selection, using the word drug in the widest sense, to include any agent capable by its application, internally or externally, to the body, of modifying the life energies of its tissues. Therefore the whole realm of operative surgery lies outside the kingdom of Homœopathy, for that is concerned with direct removal and adjustment of parts of the body, removing foreign bodies or tumours or diseased tissues directly, or adjusting broken or displaced limbs. The genius of Pasteur and Lister laid foundations upon which a noble structure of usefulness has been erected. Before the days of asepsis, when the slightest wound might prove fatal, it was wise policy to avoid operation whenever possible; believers in Homœopathy have always had a well grounded faith that they can so modify diseased tissues that they can cure without operation various conditions for which to-day the surgeon's knife is generally invoked, and therefore the earlier homœopathists rightly preferred medical to surgical treatment whenever possible. But drug treatment for these conditions is slow and its results, for some of them, uncertain. Consequently, now that operative surgery has lost nearly all its terrors, it is generally unwise to refuse the swift method of the knife for many diseases which previously were better undertaken by the physician. Therefore, to-day, the believer in Homœopathy is not in any sense a despiser of surgery. Confident in the powers of drugs chosen by his law, he does not lightly fly to operation; he considers medicinal treatment more fundamentally curative for certain conditions for which those who have lost faith in remedies have nothing but surgical methods; but he is well aware of all that surgery can do and has no hesitation in invoking its aid. And, similarly, with regard to all the later discoveries of bacteriology and general medicine and all improved ways of diagnosis; the homœopathist neglects none of these. Not abating a jot of his faith in his own method of using drugs, he nevertheless welcomes gladly any additions to medical science that can prove their value; and although no doubt he is not so eager to rush after every new thing just because it is new, as those who have not his well-proved confidence in his present weapons, he is not backward in welcoming every new assistance in his task, which at the best is so arduous.

What then is his method of using drugs and how do homœopathic therapeutics differ from non-homœopathic? The answer is best given historically.

More than a hundred years ago, Samuel Hahnemann, distinguished through all Germany, and beyond, as a physician, a chemist and a linguist, to whom all the resources of his art then available were familiar, was in such despair over the futility of medical treatment that he all but abandoned it. He had no confidence that his attempts to assist his patients were of value, or even that they were not sometimes potent to harm when he meant them to heal. In this darkness there were a few shining stars, and one brilliant ray illumined the treatment of ague by *Cinchona Bark,* the Jesuit's bark of Peru, which, although introduced empirically, had proved itself then as now a powerful agent for the cure or relief of this disorder. Here, in this sphere, was a reasonable certainty; *Cinchona bark* could be administered in ague with confidence. Hahnemann asked himself naturally *how* it helped. He distrusted the current explanations of its mode of action, and decided on the true, scientific, course of experiment. Being in perfect health he swallowed a large dose of the *Tincture of Cinchona Bark,* thinking that its action on the healthy might help to explain its power over the sick. To his surprise the effect of the dose was to cause in him, a healthy man, all the symptoms of an attack of ague, even down to minor and relatively unimportant details. In other words, the drug that cured ague could cause symptoms like those of ague; like cured like. He repeated his experiment, and with the same result, so that he could feel it to be a genuine drug effect, and it may be said here that although this effect of *Cinchona* is not as marked upon everyone as it was upon Hahnemann, and although the truth of Hahnemann's experiment has been questioned, nevertheless there is ample unimpeachable evidence from authorities untainted with Homœopathy, that *Cinchona* (and *Quinine*), *can* in susceptible persons produce phenomena resembling those of ague.

Hahnemann's experiment must be held to be a successful one. Its effect upon his own mind was immediate; he realized that he had a possible clue to drug action in his hand, and he proceeded to follow it up. Was it or was it not a law that remedies could cure in the sick the conditions whose symptoms they could cause in the healthy? Those whose prejudices against Hahnemann are only equalled by their ignorance of his work, have talked as though he erected the whole structure of Homœopathy on the basis of that one experiment. The truth is otherwise. He toiled for six years before he published a hint of his discoveries, then he put forward his conclusions rather tentatively, and continued his experiments with indefatigable patience and devotion for fourteen years more, ere he felt himself in a position to speak positively. It is hardly possible in scientific history to find a case wherein more care and labour has been devoted to establish a thesis which has been by most persons so summarily dismissed. Homœopathy has been almost universally condemned without investigation, and the confident judgment of its opponents has been founded on little but ignorance and prejudice. The only true scientific attitude towards a new proposition is one of experiment and enquiry. The vast majority of those who have assumed this attitude towards Homœopathy have come to believe in it, and those who express their disbelief are nearly always those who know little or nothing of its history or its aim.

Homœopathy then may be defined as a law to guide the physician in his selection of a remedy. All drugs produce effects, more or less marked, on healthy individuals who take them: these effects make up characteristic symptom-pictures which, experience finds, are similar to the symptom-pictures met with in various cases of various diseases. Homœopathy teaches that the remedy most likely to prove curative or helpful to any case of disease is that remedy which can counterfeit upon the healthy most closely the symptoms which this case of disease presents. Individual cases of even similar diseases have individual features, because constitutions differ, and the curative remedy should be selected by *all* the symptoms, taking special note of the individual and unusual ones. Therefore the drug chosen homœopathically is a drug for a particular case, and owes its usefulness to its complete suitability. This is the central, cardinal law of Homœopathy. When a drug is given to the sick which can produce similar symptoms upon the healthy, Homœopathy is (consciously or unconsciously) being practised. Now, obviously, this assertion of the homœopathic law can only be proved or disproved by careful experiment. It matters not that as yet we can give no final explanation *why* it is a law. It suffices for practice that it *is* a law, and that remedies can be chosen by it with confidence.

Two corollaries follow from the central law. First, drugs must be tested upon the healthy that we may construct symptom-pictures for use in dealing with the sick. This is called "proving" drugs. It has been (and is) an immense labour, calling for patience, energy and devotion. Hahnemann and his few first followers laid magnificent foundations for this work, and erected a splendid edifice to which the labour of many in many countries has made additions. Much has been done, and though much more can be conceived, Homœopathy to-day possesses a vast amount of knowledge of the effects of drugs. The second corollary of the law is that the remedy chosen by its likeness to the disease is best given in a *small* dose. If a drug can produce symptoms of disease on a healthy person (*e.g.*, cause inflammation of the stomach), then obviously if it is given to a patient similarly affected by disease, and therefore more sensitive than a healthy person, there will be a risk of aggravating the trouble unless a small dose is chosen. Even with a small dose a slight aggravation is often seen, but if the appearance of it is taken as a sign to withhold further doses for a time, the aggravation usually passes over into a satisfactory curative reaction. It must always be remembered that the homœopathic remedy has to work, not as a direct antagonist to a disease (in the way conceived by the doctors of old who opposed "hot" and "cold" remedies to diseases which they called "cold" or "hot"), but as a stimulant to the powers of reaction of the body; once these powers of reaction are set going effectively no further medicine is required until signs of a flagging of the process appear. It is a golden rule of homœopathic prescribing not to give a second dose of a remedy till it is certain that the full effect of the first is exhausted.

The small dose then is obviously desirable; but homœopathists use not only *small* doses, but even infinitesimal ones, and have incurred much ridicule by so doing. Let it be remembered that a diseased tissue is more sensitive than a healthy tissue, for health presupposes a condition of stable equilibrium, and it will then be clear that a dose which may have no effect on the healthy may be potent to heal the sick. And as for extreme smallness, the century since Hahnemann has taught chemists and physicists at least the powers that lie in quantities immeasurable by the methods of man, so that it is no longer so incredible that even an infinitesimal dose should be able to achieve a marked effect. In any case the scientific path is again that of *experiment.* Hahnemann did not begin with infinitesimal quantities, but was led by his experience step by step till he found that not only were the smaller doses active, but even sometimes apparently more active. The experience of Hahnemann has been confirmed by many of his followers. Others again have found more success by using quantities, small indeed, but not so very small. The question of the dose is probably an individual one like that of the drug, and further knowledge may enable us to choose with certainty not only the drug, but also the dose. At present it is enough to say that it is best to experiment with all dilutions (potencies as they are called), and be guided by personal experience. There is some consensus of opinion that the more chronic the disease the more a high potency is likely to help, especially when given in infrequent doses. For acute and sub-acute disorders lower potencies are most generally useful. Probably also the more exactly a drug is chosen homœopathically the more likely are the higher potencies to have a profound effect. But if the drug has only a resemblance and not a very close resemblance to the disease, the more will the lower potencies be needed to produce good results. From which it follows that in domestic practice the lower potencies are the more generally useful and the high ones should on the whole be left to the expert physician.

Finally, let it be urged once more that the truth or falsehood of Homœopathy can only be determined by experiment, and that those who have not made the test should not be allowed to express dogmatic opinions without question, however eminent they may be in other ways. The path of science lies through experiment, and he who pronounces judgment on a point of science without experiment, when experiment is possible, is to that extent unworthy to be called a scientific man. Of late years, workers in independent fields have come to independent conclusions from which the homœopathist can draw much encouragement. Readers may be referred to the chapter on Vaccines in this volume for an example. Also the biologists have formulated certain laws, which are universally accepted as governing the reactions of protoplasm (the substance which is the material basis of life), whose order or disorder produces the state of health or disease. These laws maintain that protoplasm can be modified in its life activities by stimuli, and drugs are to be conceived as chemical stimuli. A large stimulus hinders life activity, while the same kind of stimulus in a relatively weak amount encourages life activity. Now when disease is present, it may be truthfully said that the protoplasm of some (often of many) cells in the body is disordered. Our judgment upon the problem of which cells are affected is a deduction from the symptoms and physical signs which the patient presents. Obviously these are the cells which require an encouraging stimulus, and the law of stimuli teaches us that could we know of an agent capable in a strong dose of hindering the activities of these cells, that same agent in a smaller dose would give us the encouraging power which we need. But if we administer to the healthy, drugs (stimuli) in measure sufficient to damage the cells to which they are attracted and so produce symptoms, we shall know by the similarity of the symptoms when we find the drug that can affect the same cells as are affected in our pre-supposed case of disease, and *that* drug administered in a *small* dose to the sick man will prove the encouraging stimulus which his labouring cells require. In other words, we must prove drugs upon the healthy and administer them in small doses for the disease conditions which they are able to counterfeit, and thus does a biological investigation enable us to deduce the practice of Homœopathy. Therefore all those who, won to belief by fortunate experience, have a firm faith in the truth of Homœopathy, should be encouraged to persevere in their faith and extend the number of experimenters, who may in their turn become disciples. And those who have been afraid to investigate Homœopathy through dread of ridicule may take courage from this evidence that the trend of modern science is towards it, and may be emboldened to make those personal experiments upon which alone can be based a reasonable conclusion.

PART III.

Medical and Surgical Diseases, and their Homœopathic and General Treatment.

CHAPTER I.

General Diseases.

Strictly speaking, apart from injury, there is no such thing as a local disease. Every disturbance of health, in however remote a part of the body, has some effect on the whole. Therefore, in one sense, all diseases are general diseases. But for convenience of reference in this volume, diseases that affect markedly certain parts of the body (as the Respiratory System or the Alimentary system) are classified under regional headings. In this chapter the Specific infectious diseases, due to microscopic parasites, germs, etc.), will be considered. and also a few diseases like Diabetes, Anæmia, etc., which cannot be readily referred to any one region. The specific infectious fevers will be considered first, then the general diseases like anæmia. The specific infectious diseases include those that are apt to occur in epidemics, where the agents which cause them become widely spread. Several of them are characterized by the appearance on the skin of an eruption known as the "rash," or "exanthem." Hence they are sometimes called the exanthemata. They are also accompanied by a rise of temperature, and are the principal members of the group known as " Fevers."

They are also called Zymotic diseases, from the resemblance of the poisons that cause them to ferments acting in the blood and on the body. From the point of view of public health, they are preventable by sanitary measures, and their range of late years has been considerably curtailed by the work of Public Health officers.

In all of them there is a latent period between the time of reception of the poison and the accession of the fever, during which time (period of incubation) the patient appears in good health. In the different diseases the eruption appears at different times. The following table shows the period of incubation and the day of the disease after the first rise of temperature upon which the rash appears.

INFECTIOUS DISEASES.
PERIODS OF INCUBATION, QUARANTINE AND ISOLATION.

Disease.	Incubation.	Quarantine.	Isolation.	Appearance of Rash.
	Days.	Days.	Weeks.†	
Chicken-pox ..	14	20	1*a*	1st day.
Cholera ..	1—4	—	—	
Diphtheria ..	1—4	10	3	
Enteric (typhoid)	7—21	21	6	6th to 8th day.
Erysipelas ..	1—4	7	—	
German Measles	12—22	21	2	1st or 2nd day.
Influenza ..	1—3	—	2	
Measles ..	10—14	16	3	4th day.
Mumps ..	14—25	26	3	
Plague ..	1—7	21	3	
Ringworm (scalp)	—	14	4*b*	
Scarlet-Fever ..	1—7	10	6	2nd day.
Small-pox ..	12	18	1*a*	3rd day.
Whooping Cough	4—12	21	6	

† From commencement of disease if symptoms have disappeared.
a After all crusts have separated.
b After disappearance of symptoms.

NOTIFICATION.

Small-pox, cholera, diphtheria, membranous croup, erysipelas, scarlatina or scarlet fever, typhus, typhoid (enteric), relapsing, continued and puerperal fevers, tuberculosis, cerebro-spinal meningitis, anterior polio-myelitis, and other diseases in certain localities must at once be notified to the Medical Officer of Health for the district. Certificates are supplied free by the local authority. Practitioner's fee, 2s. 6d. (private patient) or 1s. (public practice). Penalty for omission to notify, 40s.—*Act of* 1889 *and Public Health* (*London*) *Act*, 1891.

34.—Small-pox (*Variola*).

Definition.—Small-pox is a continued infectious fever, accompanied by a pustular eruption, which generally leaves behind permanent cicatrices. It seldom recurs.

Some years ago there was scarcely a family which had not to bewail the loss of some member from this deadly scourge, while on every side we were met by persons whose deeply-pitted faces showed that they had at some time or other been sufferers. But happily deaths from this loathsome disease are now more rare. In the ten years 1864 to 1873 the total number of deaths from small-pox in England and Wales was 69,839, an average of 6,984, in the next ten years the annual average had fallen to 1,803; in 1886 the number of fatal cases was but 275, and in 1887 the number was 506. The violent outbreak of 1871-72, in which two years no fewer than 42,807 persons were carried off attracted the attention of Government, numerous sanitary regulations were issued, and the practice of vaccination rigidly enforced. Since then the death-rate from small-pox has steadily declined. In 1886 it was 275, in 1889 23, in 1890 16, in 1910, 19, and for the last ten years the numbers have been small. The practice of isolation of all contacts as soon as the case of the disease has been notified, has been successful in stamping out threatening epidemics on many occasions, and it is now universally followed. Since vaccination has been made a matter of choice on the part of parents, there has been a steady decline in the number of vaccinations. This causes alarm to those who believe that vaccination alone gives security, but the experience of Leicester (virtually an unvaccinated town), wherein the method of isolation of contacts was first practised, shows that even an unvaccinated community can control the spread of the disease effectively by wise public health methods.

VARIETIES.—It presents two varieties: *Variola Discreta* and *Variola Confluens.* (1) In *V. discreta* the pustules are comparatively few, remain distinct from each other, and may be easily counted. It is the simplest form of the disease, and except during the first dentition, is rarely fatal. (2) In *V. confluens* the pustules are numerous, their outline irregular, or they run into each other, forming large continuous suppurating surfaces. It is attended with the greatest danger to life; for the severity of the disease bears a direct proportion to the amount of the eruption, and the danger arises chiefly from the large quantity of pustulation. If the pustules are confluent *on the face,* whether they are so or not on other parts, we class it with the confluent kind. "The danger is always rendered greater, *cæteris paribus,* when the eruption is very full about the head, face, and neck" (*Marson*). There is also a variety in which the pustules partially coalesce, termed *Variola Semi-confluens.*

COURSE.—Small-pox runs through four stages: The latent or *incubative period* lasts about twelve days from the reception of the poison; the *primary* or initiatory *fever* continues about forty-eight hours; the stage of *maturation* about nine days; and the *secondary fever* and decline of the eruption vary in length according to the severity of the disease.

SYMPTOMS.—As in most other fevers, the following symptoms appear in the first stage; chilliness, heat, headache, sometimes delirium; a *thickly-furred white tongue;* a deep flush upon the face; a hard, frequent pulse; a feeling of *bruised pain* all over the body, but especially in the *back and loins;* more or less pain or *tenderness* at the *pit of the stomach,* and *vomiting.* The pains in the loins and the vomiting are the most characteristic of the premonitory symptoms, and are seldom absent. When these are excessive and continuous, they are the precursors of a severe form of the disease. On the third or fourth day, the *eruption,* often so minute as to escape observation, appears in a form of red spots, or small hard pimples, which feel *like shot in the skin.* It appears first on the face, neck, and wrists, then on the body, and finally on the lower extremities. If examined, the eruption may be seen upon the palate, and is often formed on the lining membrane of the larynx, trachea, and bronchi, giving rise to sore-throat, salivation, cough, painful expectoration, and hoarseness. The pimples gradually increase in size until about the eighth day from the commencement of the fever; the contents, at first watery and transparent, change to yellowish matter as the pimples become ripened into pustules (pustulation). The pustules are *depressed in the centre,* and surrounded for a short distance by a rose-red areola. During the time the pustules are filling up there is swelling of the eyelids and face, sometimes to such a degree as to obliterate the features. A peculiar, disagreeable odour now begins to emanate from the patient, which is so characteristic that the disease at this stage might be known by this alone. On the first appearance of the eruption the fever subsides ; but in the confluent form, when it is at its height, a fresh attack sets in, which, to distinguish it from the precursory fever, is called the *secondary* fever.

In about eight days from the first appearance of the eruption the pustules break, and discharge their contents ; scales then form, which dry up, and, in a healthy state of constitution, fall off in the course of four or five days. When this takes place, purplish-red stains are left behind, which very slowly fade away ; or indelible depressed scars remain, which are called *pits*. In the latter case the person so marked is said to be " pitted with the small-pox."

In *Variola confluens*, the secondary fever is often very intense, and is the most dangerous period of the disease. Severe, and even fatal results may arise from exhaustion, suppuration, erysipelatous inflammation, suffocative breathing, and blood-poisoning.

DIAGNOSIS.—An early recognition of this disease both on account of the patient himself, and for the protection of others, is of great importance. *Severe pain,* evidently not muscular, *in the small of the back,* is often a characteristic symptom. As distinguished from *Measles,* the eruption is more perceptible to the touch, and gives the sensation of shot under the skin. Neither is the eruption of Small-pox distributed in crescentic patches as is that of Measles. The difference between the premonitory symptoms of the two diseases would also assist in forming a differential diagnosis. As distinguished from *Enteric Fever,* its attack is abrupt and severe, rather than insidious and uncertain. As distinguished from *Chicken-pox,* its eruption suppurates and the fever is high ; while in Chicken-pox the eruption is vesicular, does not often suppurate, and the fever is mild. The rash of Chicken-pox appears on the first day and is vesicular from the first. The solid, shot-like feeling of the Small-pox eruption is never found in Chicken-pox.

DANGERS.—The greatest danger arises from the *secondary fever* in the confluent form of the disease, at about the ninth to the twelfth day, when the pustules are ripening ; for then the fever is likely to return, and the vital strength has already been much exhausted. Fatal chest symptoms may arise, or there may be ulceration or opacity of the cornea, and loss of sight. An inflamed condition of the skin between the pustules, instead of the rose-red areola, is a bad sign. Hæmorrhages are of grave import. Infancy and advanced age are unfavourable periods ; beyond sixty years of age, Mr. Marson states, hardly any who take it escape death. Violent and uncontrollable delirium is often an attendant on the confluent variety, and if it occurs early, in persons who have lived freely or irregularly, is an unfavourable symptom. "Draymen, barmen, potmen, tailors, and prostitutes are very unfavourable subjects to be attacked with Small-pox, owing to their habits of indulging freely, and almost daily, in strong drinks" (*Marson*). A too plethoric habit, sleeplessness, and irritability are also unfavourable. On the other hand, a quiet, contented, hopeful state of mind favours recovery. Small, dark, and badly ventilated dwellings, poor or scanty food, insufficient clothing, want of cleanliness, intoxicating beverages, and other similar influences are also elements which determine the more severe form of this malady. But in the United Kingdom, every case that is discovered is at once removed to the hospital. It is worthy of remark as Dr. Letheby states in one of his quarterly reports on the sanitary condition of London, respecting an outbreak of Small-pox and the increase of Scarlatina, that "these sudden outbursts of Zymotic disease show that the force of these maladies is not exhausted by sanitary measures, but only kept in check; and that, when occasion serves by neglect of proper precautions, the force manifests itself in all its original vigour."

CAUSE.—The agent which causes Small-pox must almost certainly be a minute organism which is transferred from case to case, but as yet no bacterium or micrococcus, or protozoon has been demonstrated to be the cause, though from time to time claims to the discovery have been made. In the pustules are found germs of suppuration, streptococci and Staphylococci, and to their activity the secondary fever is due, but they are not the primary cause of the disease.

EPITOME OF TREATMENT.

1. *Primary fever.*—Acon., Bell., Ver.-Vir., Baptisia.

2. *Eruptive stage.*—Ant.-Tart., Thuja θ, Sarracenia, Sulph.

3. *Suppurative stage.*—Ant.-Tart., Merc., Apis, Lach.

4. *Retrocession of the eruption.*—Camph., Sulph.

5. *Confluent and malignant cases.*—Sulph., Ars., Phos., Lach., Crotalus.

6. *Complications.*—Phos., Ant.-Tart. (*Pneumonia*). Acon., Bry. (*Congestion of the Lungs*). Bry., K.-Bich., Ant.-Tart. (*Bronchitis*). Rhus. (*severe pain in the back*). Merc. (*Glandular swellings*). Apis, Bell. (*Dropsical Swellings, Closed eyes, Swollen Throat*). Bell., Hyos., Stram., Ver.-Vir. (*Delirium*). Ars., Bapt. (*sudden prostration and threatened Syncope*).

7. *To prevent pitting.*—Sarracenia. Keep the face covered and protected from light. It is the actinic rays in sunlight that cause increased irritation and inflammation in the skin, and if the patient is kept in a red light, by red window-curtains or red glass, the actinic rays are shut off. This fact is the basis of the mediæval treatment of Small-pox by wearing red articles of clothing, and so forth. There was supposed to be a healing property in mere redness, but it is the shutting off of the other rays of light that constitutes the remedial process.

8. *Desquamation.*—Sulph., with cleanliness and frequent tepid sponging. Sponging with a dilute lotion of Carbolic Acid (1-40) is very grateful to the patient when there is irritation.

9. *Sequalæ.*—Sulph., Merc-.Cor. (*Ophthalmia*). Hep.-S., Phos., Sulph. (*Boils*). See also under "*Complications,*" above.

10. *Prophylactics.*—Variolinum 6 or 30, a dose night and morning, should be taken by all who come within range of the infection. Vaccininum 30 may be given in the same way.* Other prophylactics are: Vaccination, Sulph., Ant.-Tart., Thuja.

LEADING INDICATIONS:—

Aconitum.—Shivering, heat, dryness of the skin, rapid pulse, swimming and pain in the head, nausea and vomiting, and pain in the back and loins; it may be used at any time during the course of the disease, when febrile symptoms are prominent. If there be much sickness with the fever, and a very rapid pulse, *Veratrum Viride* may be substituted for *Acon.* *Baptisia* has been highly praised in the early stages.

Antimonium Tart.—Is almost specific for Small-pox, and should be administered as soon as the nature of the disease is ascertained; it is specially valuable during the eruptive stage; and also in the primary fever, if nausea and vomiting or convulsions should occur. Indeed, during nearly the whole course of the disease it may be given alone, or in alternation with any other remedy that is indicated. In favourable cases, if *Acon.* be given for the primary fever, and *Sulph.* during desquamation, to prevent after-effects, *Ant.-Tart.* is the only remedy required.

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* See *Homœopathic World,* vol. xxxii. p. 546.

Belladonna.—Severe *head symptoms,* delirium, intolerance of light, etc.; a few doses will usually afford relief.

Mercurius.—*Salivation, Ulcerated throat,* fœtid breath, or bloody Diarrhœa, especially during suppuration.

Apis.—Excessive swelling of the face, eyelids, etc.

Coffea. Two or three doses, if there be restlessness and sleeplessness.

Camphor.—If the eruption *suddenly* disappear, or *suddenly* become malignant, with Dyspnœa, coldness of the skin, and symptoms of Paralysis of the Brain, two or three drops in a little tepid water, every ten or fifteen minutes, for several times, till the skin becomes warm and the eruption re-appears.

Opium.—Drowsiness or stupor and stertorous breathing.

Lachesis.—During one epidemic this medicine was found invaluable in those cases in which a typhoid condition ensued during the state of maturation (probably due to septicæmia).

Sulphur.—When the disease pursues an irregular course; when the eruption exhibits a tendency to disappear from the surface; when the pustules, instead of being transparent or yellow, are green, purple, or black; when the blood with which they are filled announces a decomposition of this fluid, it is not to *Arsenicum* that we should have recourse, but to *Sulphur* (*Teste*). During the formation of the pustules, and when there is furious itching, and when the disease is on the decline it should be given as a preventive to the usual sequelæ, and continued till recovery is complete. *Carbo-Veg.*, *Ac.-Nit.*, or *Ars.*, under similar conditions, or when *Sulph.* only partially succeeds. *Vaccinine,* internally, is said to destroy the odour and effluvia of Small-pox. *Variolinum,* given every four hours, has been said to cut short an attack.

PREVENTIVES.—*Variolinum, Sulph., Cimic., Vaccininum, Sarracenia Purpurea,* and some other remedies (see p. 118), are said to have curative or prophylactic virtues in this disease. The administration of the *Tincture of Sulphur* will, as our experience proves, act as a *preventive.* Jenner is reported to have failed in vaccinating thirty soldiers when they were receiving *Sulphur* treatment; subsequently all the men took the genuine Cow-pox. Fresh air and free ventilation are invaluable prophylactics.

ACCESSORY MEANS.—All Small-pox cases in England are taken to hospitals and treated there. But if hospital treatment is not available, the following suggestions are important. The patient should be kept cool, and the sheets and linen frequently changed, ample provision being made both for the *uninterrupted admission of fresh air,* and the *free escape of tainted air.* The bad ventilation of a small room, too high a temperature, and hot cordials interrupt the tendency to recovery. In cold weather a fire should be kept burning in the apartment, and the patient have an extra blanket, but the windows kept open. If the weather is mild the patient is better treated entirely in the open air.

" Nothing is of so much importance as pure air, and that in an unlimited quantity. In this hospital we have kept our windows open constantly by night and by day throughout the months of February, March, April, etc.; and this has been attended with the very best results, for our mortality is the lowest of all the Small-pox hospitals in London, and we were receiving our patients from the same sources, and some time before this epidemic reached its height."* During the entire course of the disease, especially when the skin becomes hot, painful, or irritable, the whole surface may be sponged with warm water, to which a spoonful of *Perfumed Carbolic Acid* has been added, and well dried with a soft towel. This generally affords great relief. The use of *Perfumed Carbolic Acid* in the above manner, and the infusion of its vapour in the air of the apartment, tend to mitigate Small-pox. In the early stage of the disease, great advantage may also be derived from the *wet-pack* (see Sec. 26), followed by a *sponge bath*. Frequently changing the posture of the patient in bed, so as to avoid constant pressure on the back or nates, prevents *bed-sores*. After the pustules burst, powdered starch or flour should be freely applied to absorb the matter. Cleanliness, frequent tepid washings, and an occasional warm bath, are especially necessary during the last stage of the disease.

To *prevent pitting*, the pustules should be frequently smeared over with olive oil, cold cream, or a mixture of one-third of glycerine with two-thirds of water. A still better mixture is one of *cream and flour*, in such proportions as will make a thick paste. This should be freely painted over the face and neck, and renewed when necessary. By this means the action of light on the pustules (which, so to speak, photographs them on the skin) may be prevented, as well as the consequent pitting ; at the same time we allay the irritation which accompanies the state of maturation. The hands of children should be muffled and lightly secured, to prevent scratching, which might lead to ulceration. Adults may wear loose gloves. This precaution is especially necessary while the patient is asleep, and acts unconsciously.

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* Dr. A. Collie, late Resident Medical Officer of the Homerton Fever Hospital.

DIET.—Tea and dry toast, raw eggs beaten up with cold milk, beef-tea, etc. ; grapes, roasted apples, and wholesome ripe fruits in season. For drink, cold water is generally preferred, and any objection to it by nurses or friends should be firmly resisted ; in addition, milk diluted with about one-third or one-half soda water, lemonade, raspberry-vinegar-water, currant-jelly-water, and barley-water. For further hints on diet and beverages, see Part II.

DISINFECTION.—The only absolutely safe method to adopt with infected *clothing* and *bedding* is to *burn them.* If this be objected to, they should be either baked or boiled at a temperature of 212°. Rooms should be disinfected by fumigating with burning *Sulphur*, with all apertures closed or with formalin vapour. The walls should then be divested of their paper, or colour, or whitewash ; the floor thoroughly scrubbed and washed over with a solution of lime or of zinc ; walls and ceilings well limewashed ; and afterwards the doors and windows kept open for several days.

35.—Cow-pox (*Vaccinia*) and Vaccination.

DEFINITION.—*Vaccinia* is a disease of the cow, which by inoculation, was accidentally discovered, a hundred years ago, by Jenner, to be protective against Small-pox in man.

VACCINATION is the process by which the disease *Vaccinia* is artificially introduced into the human system for the purpose of protecting it against Small-pox.

This process is in strict accordance with the homœopathic principle, as it is preventive of Small-pox in consequence of the homœopathic relationship it bears to that disease. Its tendency is not only to prevent a fatal termination, and render the disease mild in its course, should it occur, but to keep off the disease altogether. That it does succeed in effecting this we think the evidence available tends to prove. At the same time it must be admitted that the process of vaccination is one of blood-poisoning. A Royal Commission appointed to inquire into the whole question after seven years' labours, reported in 1896. Although the Commissioners, among whom were a number of eminent medical men, were unanimous on the point of its protective efficacy, they reported as follows: "Where vaccination has been most thorough the protection appears to have been greatest. The fact that the re-vaccination of adults places them in so favourable a condition, as compared with the unvaccinated, affords further confirmation of the conclusions suggested by the evidence. We have not disregarded the arguments adduced for the purpose of showing that a belief in vaccination is unsupported by a just view of the facts. We have endeavoured to give full weight to them.

Having done so, it has appeared to us impossible to resist the conclusion that vaccination has a protective effect in relation to Small-pox." The most careful inquiries have failed to determine the real source of the vaccine, and whether it be Small-pox, modified by passing through the cow, or an entirely distinct disease, no one can say. To diminish risks, the Commissioners recommend the use of calf vaccine.

In performing vaccination, the following are the chief points to be observed. :—

1. Vaccine from the calf should be used in temperate climates. In hot climates, the greatest care should be taken to secure a healthy child as vaccinifer. That leprosy has been transmitted by means of vaccination has been proved ; the persons from whom the vaccine was taken having no outward manifestations of leprosy at the time.

2. The vaccinator should employ a *clean lancet* :—Pyæmia, Syphilis, and other kinds of blood-contamination, no doubt, often follow from the use of a foul lancet.

3. The vaccine should be taken on the eighth day, *unmixed with blood* or any other secretion.

4. The matter should be inserted in three or four places in one arm.

5. When arm-to-arm vaccination cannot be practised, the lymph should be preserved in hermetically sealed capillary tubes, or on ivory points.

6. Vaccination should not be performed too soon. The Vaccination Act, 1898, lengthens the period to six months from date of birth. It is better to perform the operation early when dentition has not commenced. Vaccination should never be performed in delicate children of low vitality, from whatever cause, or during the period of dentition.

7. *Treatment* is scarcely ever necessary, as the condition thus set up, described as *Small-pox in miniature*, is very simple. But should there be much inflammatory redness and swelling, a few doses of *Acon.*, *Apis.*, or *Bell.* may be given. Occasionally a poultice is necessary, or dusting the part with flour or finely-powdered starch. As the pocks are declining, a dose of *Sulphur*, morning and night, for a few days, is recommended, to correct any constitutional tendency to skin disease, sore eyes, etc., that may otherwise be called into action.

8. *Re-vaccination* should take place at the age of puberty, the great systematic changes which occur at this time of life rendering it generally necessary. Persons at this period, especially if they are about to change their place of abode, should be examined, and if they have only one cicatrix, or if that is imperfect, or if there is no cicatrix at all, they should be re-vaccinated. "For just upon thirty years we have re-vaccinated all the nurses and servants who had not Small-pox, on their coming to live at the Small-pox Hospital, and not one of them has contracted Small-pox during their stay here" (*Marson*).

Evils may have arisen from the careless performance of vaccination; but they only tend to prove that this operation, like every other on the human body, should be performed with due care and skill. But if Small-pox does occur in vaccinated persons, it does so with a trifling mortality. During the last epidemic it was particularly noticeable that even where the eruption was confluent (which was very seldom the case) in patients who had been well vaccinated the accompanying constitutional symptoms were much modified. The occurrence of the disease after one vaccination is not an argument for *non*-vaccination, but for *re*-vaccination. There is a widespread belief among homœopathists that vaccination, and especially repeated vaccination, has a profound effect upon the system, leaving it more liable to chronic catarrhs and various chronic ailments. The great antidote to this condition is *Thuja*, and this remedy may be thought of in any chronic condition when there is a history of repeated vaccinations or of diseases (*e.g.* eczema) first appearing soon after vaccination.

36.—Chicken pox (*Varicella*).

Definition.—A febrile disease with a pustular eruption, similar in appearance to that of Small-pox, for which it may be at first mistaken. It differs from Small-pox in the slighter degree of fever which attends it, in the eruption being vesicular from the first and never solid, in the vesicles being pointed in the centre, and becoming filled with a watery fluid about the second or third day, which is seldom converted into yellow matter, as in Small-pox, and in its rapid course. Generally, on the third or fourth day, the vesicles dry up, forming crusts or scabs, leaving no permanent scars.

Treatment.—*Rhus Tox.* is generally the first, and unless the symptoms mentioned below are prominent, the only remedy required, and under its action the disease soon disappears. *Aconitum.*—Febrile symptoms. *Belladonna.*—Headache, flushing of the face, or sore throat. *Apis.*—Excessive itching with the eruption. *Mercurius.*—Should any of the vesicles suppurate.

Accessory Means.—Too early exposure to cold, especially during the winter or early spring, should be avoided. A milk diet is generally best.

37.—Measles (*Morbilli*).

Definition.—A continued infectious fever, preceded by severe catarrh, accompanied by a crimson rash, and sometimes followed by inflammation of the mucous membrane of the organs of respiration.

This disease was formerly confounded with Scarlatina; but there are well-marked differences, as pointed out in the table following. Measles is generally unattended with danger, unless improperly treated. Unfortunately, however, so constant is this improper treatment, that it is one of the most fatal of diseases, especially amongst children. In England and Wales in the year 1887 no fewer than 16,765 persons died of it. Thanks, perhaps, to better sanitation this figure has not since been reached, but in 1890 the number was 12,614, in 1895 11,491, in 1910 8,302, and in 1916 5,413.

Children are usually the subjects of its attack; but when adults suffer, it is often a severe disease. Like Scarlatina and Small-pox it is highly contagious, often epidemic, and generally attacks the same person only once.

Modes of Propagation.—No susceptible person can remain in the same room or house with an infected person without risk of taking the disease; and it is almost impossible to isolate the disease in large establishments or schools. It is propagated by *fomites.* This is proved by the fact that children's clothes, sent home in boxes from schools where the disease has raged, communicate the disease; and also by the same circumstance resulting when susceptible children have lain in the same beds, or in the same room, shortly after it has been occupied by patients suffering from the disease (*Aitken*). The contagion from *Measles. Scarlatina,* etc., only ceases when *desquamation* of the *cuticle* is complete, but is much greater in the early stages.

SYMPTOMS.—Measles passes through its course by stages; there is its period of *incubation,* lasting from ten to fourteen days; its *precursory* fever; its *eruptive* stage; and its *decline.* The peculiarity of the early symptoms is, their resemblance to those of a *common cold,*—sneezing; red, swollen, and watery eyes; discharge from the nose; a hoarse, harsh cough; languor; fever; and sometimes diarrhœa and vomiting. The symptoms usually increase in intensity until about the fourth day the *eruption* appears, first on the face, then on the neck and breast, and soon after on the whole body. It is in the form of slightly raised red spots, which multiply and coalesce into blotches of a more or less crescentric form, particularly on the face, which is often a good deal swollen. An abundant eruption is more favourable than a scanty one. The eruption is two or three days in coming out, and remains at least three days; the fever then abates, and the eruption declines, becoming browner as it fades, and the outer skin is afterwards thrown off in a fine bran-like scurf. The spots on the mucous membrane of the mouth, known by the name of Koplik, their discoverer, appear before the skin rash, and are therefore of diagnostic value. They are white specks surrounded with red areolæ, and appear on a level with the bases of the lower milk molar teeth on each side. As the rash declines, diarrhœa sometimes occurs; this, unless very troublesome, should not be interfered with, as it is often beneficial. The maximum *temperature,* in the usual run of cases, is 103°; if it rises above this, the case must be regarded as severe; if much below it, mild. The highest temperature is generally reached on the fifth day, after which it rapidly declines. The temperature corresponds to that of most other fevers, and should be measured by a clinical thermometer, by which severe and complicated cases may be early distinguished. In nearly every case the catarrh extends down the larger bronchial tubes, and any sudden increase in the temperature, or the occurrence of any rigors, would indicate the advent of a more serious condition than mere catarrh, either in the lung substance (*Pneumonia*), or in the small air-tubes (*Capillary Bronchitis*).

Table showing the Chief Differences between Measles and Scarlet Fever.

MEASLES.	SCARLET FEVER.
1.—*Catarrhal* symptoms are prominent — watery discharge from the eyes and nose, sneezing, harsh cough, etc.	1.—Catarrhal symptoms are usually absent, but there is great *heat of the skin, sore throat,* and sometimes delirium.
2.—The rash is of a *pinkish-red* or *raspberry-colour.* The white streak produced by the back of the nail is not uniform, and lasts a shorter time than in Scarlet fever.	2.—The eruption is of a *bright scarlet colour,* and by drawing the back of the nail over the skin a white skin is produced, which lasts two or three minutes.
3.—The eruption is somewhat *rough,* so as to be felt by passing the hand over the skin, and is in groups of a crescentric form.	3.—The rash usually presents no *inequalities* to sight or touch, and is so minute and closely crowded as to give the skin a *uniformly* red appearance.
4.—Liquid, tender, *watery* eye.	4.—A peculiar *brilliant stare,* as if the eyes were glistened by an ethereal lustre (*Duggan*).
5.—The cuticle is thrown off in minute portions, like *scales of fine bran.*	5.—Desquamation of the cuticle is in *large patches,* especially from the hands and feet.
6.—The most common *sequelæ* are diseases of the lungs, *eyes, ears,* and *skin*	6.—The most frequent *sequelæ* are *dropsy,* especially after mild cases, and *glandular swellings.*

DANGERS.—Pneumonia, Bronchitis, and inflammation of the larynx are the chief causes of danger during the course of the disease. In grave attacks the eruption is of a dark purple colour, and should always excite anxiety. Dangers may also follow the attack, as pointed out under "Sequelæ."

EPITOME OF TREATMENT.—

1. *Primary Fever.*—Acon. and warm bath (See Sec. 26).

2. *The rash and catarrhal derangement.*—Puls., Gels.; Euphr. (*copious watry discharge from the eyes and nose*).

3. *Slow development of the eruption.*—Bell. (*drowsiness, startings,* etc.), Puls. (*troublesome gastric symptoms*), and the warm bath (see Sec. 26). Ammon.-Carb., (*tendency to relapse*).

4. *Retrocession of the eruption.*—Gels., Ammon.-Carb., Bry., Zinc, Cuprum., Sulph.

5. *Troublesome cough.*—K.-Bich., Spong., Bell., Bry., Ant., Tart., Ipec.

6. *Severe and complicated cases.*—Camph., Ars., Mur.-Ac., Phos., Bell., Rhus.

SPECIAL INDICATIONS. — *Aconitum.* — Well-marked *febrile symptoms* at the outset, or to control inflammatory action during the process of the disease. A dose every two, three or four hours. Dr. Von Grauvogl gives *Acon.* alone in Measles, and also to cure the sequelæ, if these arise, as they often do, when the disease has been treated with *Acon.**

Veratrum Vir.—Useful during the febrile stage, if *congestion of the lungs*, or *convulsions* are feared.

Pulsatilla.—Cough worse towards evening or during the night, with rattle of mucus in the air-passages or thick yellowish or whitish expectoration; thick greenish or yellowish discharge from the nose; Epistaxis; catarrhal derangement of the stomach, and diarrhœa. *Puls.* may follow *Acon.*

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* See Text-book of Homœopathy, Part I.

Gelseminum.—When the eruption is slow in making its appearance, or is imperfect, or too suddenly recedes, especially when there is a tendency to convulsions, it may be given in frequently repeated doses. Some give it instead of *Puls.*

Ammon.-Carb.—Imperfect or retrocedent eruption.

Belladonna.—Sore throat, with painful and difficult swallowing; dry *spasmodic* cough; inflammation of the eyes, restlessness, and tendency to *delirium.*

Ipecacuanha.—Retching, vomiting, and much cough.

Bryonia.—This valuable remedy may be given in the first stage, in alternation with *Acon.;* when the temperature begins to fall, with *Puls.;* and thus the tendency to the development of Bronchitis or Pneumonia is often averted. *Bry.* is also useful, especially when alternated with *Ant.-Tart.*, where *cough* is the prominent symptom. The hot bath or pack will aid the medicines. (See Sec. 26.)

Mercurius.—Glandular swellings in the neck, ulcers in the mouth and throat, bilious diarrhœa, dysenteric stools, etc.

Phosphorus.—Pale, imperfect, or irregular eruptions; dry, hollow cough; pain in the chest; nervous or typhoid symptoms. It is especially called for in the Pneumonia which is a common sequel of Measles.

Sulphur.—During the decline of the disease, as well as after the eruption has completed its natural course and the other medicines are discontinued, to prevent the usual after-effects. A dose twice or thrice daily for four days; afterwards, once or twice for a like period.

SEQUELÆ.—Acute diseases may be rendered sources of danger *immediately*, by the pressing symptoms they call into play, and *remotely*, by establishing chronic diseases (*Sequelæ*). Acute maladies may become starting-points for defective nutrition by inducing chronic derangement of the digestive functions, or interrupting the nutritive processes by some unexplained influence over the nervous system, or by developing a pre-existing dormant tendency to disease. In our opinion, the latter —a latent diathetic predisposition—is the most frequent cause of sequelæ. The diseases most often followed by troublesome and chronic affections are—Measles, Scarlet fever, Whooping-cough, Diphtheria, Small-pox, and Enteric fever. In these, and in other acute affections, it is not therefore enough to endeavour to meet the urgent symptoms of the attack ; the patient must be guarded and watched till the health becomes completely restored and confirmed, lest the defective nutrition should be converted into a chronic condition.

Measles is especially liable to be succeeded by sequelæ, which are more difficult to treat, and sometimes more dangerous, than the complaint itself ; but, except in tuberculous children, they are generally the result of irrational treatment ; under homœopathic treatment, and good management, patients usually recover rapidly and perfectly. If, after the decline of the eruption, the patient retains a temperature above 100°, some complicating disturbance may be suspected. The following are the diseases most liable to occur, with the leading remedies :—

Inflammatory affections of the eyelids (*chronic Ophthalmia*).—Merc.-Cor., Sulph., Acon., Bell.

Purulent discharge from the ear, or deafness.—Puls., Sulph., Silic., Merc., H. Sulph.

Swelling of the glands.—Merc.-Iod., Calc.-Carb., Lyc.

Chronic Cough, Hoarseness, or other affections of the chest.—Phos., Hep. S., K.-Bich., Spong., Ars., Caust., Carbo. Veg., Sulph.

Cutaneous eruptions.—Sulph., Iod., Ars.

MEASLES AND CONSUMPTION.—A more emphatic reference may be made to tubercular disease of the lungs, or, more often, of the bowels, which is not an infrequent sequel in patients of a delicate constitution. Cases of this nature are often under our care, and from long observation we have reason to believe that such a connection is far from uncommon. Whenever, then, a child makes but a slow or imperfect recovery from an attack of Measles, more particularly if there is tenderness, pain, or enlargement of the abdomen, Diarrhœa or irregular action of the bowels, and a high temperature, a grave constitutional disease may be suspected, and no time should be lost in obtaining the best homœopathic advice.

ACCESSORY MEASURES.—*Cold* water, etc. No stimulants should be given. As the fever abates, milk-diet, gradually returning to ordinary kinds of food. In this, as in other eruptive fevers, the *Wet-pack,* described on pp. 85, 86, if well done, is of essential service. If the patient be packed imperfectly serious results may follow. He should be kept in bed, and the room sufficiently darkened to protect the eyes, but the proper and constant circulation of pure air must by no means be interrupted. The temperature of the patient's room should be about 60° F., and guarded against rapid changes. Except during the very height of summer, a fire should be kept burning in the room. Tepid sponging, followed by careful drying, is necessary *several times* a day, also a frequent change of linen. If the eyelids become glued together by the increased secretion of the meibomian glands, they should be carefully sponged with tepid water, and smeared with a little Zinc ointment, especially at bed-time. After the disease, the patient should be warmly clad, and taken into the open air *frequently*, when the weather is fine. He must not, however, go out too soon, or be in any way exposed to cold, in consequence of the excessive susceptibility to Bronchitis, Pneumonia, etc.

PREVENTIVE TREATMENT.—This is of little consequence as the danger under our treatment is trifling. But it may be prevented or modified by giving children who have not had Measles, a dose of *Pulsatilla*, every morning, and one of *Aconitum* every evening, for a week or ten days, during its prevalence. *Puls.* has undoubtedly great influence, being to Measles just what *Bell.* is to simple Scarlatina.

38.—Scarlet Fever—Scarlatina.*

Like Measles, Scarlet fever is infectious and contagious, but it is much more to be dreaded. It chiefly affects children, and usually occurs but once in the same person. During the epidemic in London (1869-70), however, instances were comparatively numerous in which the disease occurred a second time in the same person. The second, third, fourth, and fifth years of life are those in which it is most prevalent; after the tenth year its frequency rapidly declines. The opinion that the disease does not attack children under two years of age is erroneous, for in 1887 the deaths from this disease in England and Wales were 7,859; and out of this number 5,111 were children under five years of age, 435 of these being under twelve months old. In 1910 the deaths were 2,370, and above 2,000 of these were in patients under six years of age. Infancy, then, offers no exemption from severe attacks of Scarlatina; but the most fatal age is generally between five and six.

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* A popular idea exists that when the disease is severe it is termed *Scarlet fever*, but when mild, *Scarlatina*; the terms, however, are strictly synonymous.

As in Measles and in Small-pox Homœopathic treatment has been highly successful. All Homœopathic practitioners have loudly demanded pure air and plenty of it, pure water and careful drainage; and as these matters have been gradually acceded, so has disease abated. Even as it is, the number of deaths is nearly twice as large as need be. Looking back at the Registrar-General's Reports, there is much to be thankful for. We no longer see the number of deaths given as 30,000, 29,000, 32,000, as in former years; the deaths were 14,275, in 1881, in 1895, 4,532, and in 1916, 1,381. In the year 1886 not more than 5,986 were registered, and 6,974 in 1890. In the year 1863 an excessively high rate of mortality prevailed in London, Manchester, Leeds, and many other large towns during that year, ranging from 100 to 120 deaths a week for many weeks, and in the autumn of 1870 the rate of mortality from this disease in London alone was 108 per week. This high mortality led Professor Huxley, in his address to the British Association for the Advancement of Science, in September, 1870, to remark:—"Looking back no further than ten years, it is possible to select three (1863, '64, and '69) in which the total number of deaths from Scarlet fever alone amounted to ninety thousand. This is the return of the killed, the maimed and disabled being left out of sight. Without doubt, the nature and causes of this scourge will one day be well understood, and the long-suffered massacre of our innocents come to an end; and thus mankind will have one more admonition 'that the people perish for lack of knowledge.'" The drop to a rate of 2,370 in 1910 with a larger population speaks well for the work of the Public Health officers since 1870.

VARIETIES.—There are three varieties, or, more properly speaking, degrees of intensity. It is important to remember that though it be convenient to speak of *S. simplex*, *S. anginosa*, and *S. maligna*, they are not different diseases, but one disease, developing itself more or less perfectly, with greater or less intensity, according to the constitutional condition of its victim and the amount of resistance which the constitution possesses. The nervous system, the skin, the mucous lining of the throat, stomach, bowels, and kidneys, and the function of the circulation, exhibit disturbance in every case, although the degree of that disturbance may vary widely. Again, exposure to the contagion of *S. simplex* may give rise to an attack of *S. anginosa*, or *S. maligna*; and the contrary. Finally, in proof of the identity of the different modes of the fever, the same sequelæ are observable after each degree of the disease. It is convenient, however, to describe the fever according to the different degrees of its intensity, *viz.*—1. *S. simplex*,—a scarlet rash, with redness of the throat, but without ulceration. It may be expected to terminate quite favourably under proper treatment. 2. *S. anginosa*,—a more severe form of the disease, with redness and ulceration of the throat, and a tendency to the formation of abscesses on the neck. The temperature is high and the disturbance of the circulatory system great. This has many points of danger, and in several ways may jeopardize the patient's life. The throat complication is more likely to be more severe and fatal in winter than in summer. 3. S. *maligna,*—extreme depression of the vital strength, and great cerebral disturbance, are superadded to the affection of the throat and skin, the fever soon assuming a malignant character. The tongue is brown; there is low delirium; the throat is dark, livid, or even sloughy; the eruption comes out imperfectly or irregularly, or alternately appears and disappears, and is *dark* rather than scarlet. This form of the disease is always one of *extreme danger.*

GENERAL SYMPTOMS.—Scarlatina usually commences suddenly, with the ordinary precursors of fever—chills and shiverings succeeded by hot skin, nausea, sometimes vomiting, rapid pulse, thirst, frontal headache, and sore throat. The last-named symptom—sore-throat—is generally the earliest complained of by the patient. In about forty-eight hours after the occurrence of these symptoms, the *characteristic rash* is perceptible, first on the breast, from whence it gradually extends to the neck, face, trunk, over the great joints and limbs, till the whole body is covered with it. The eruption is *bright scarlet,* and consists of innumerable red points or spots, which have been compared to a boiled lobster-shell. These spots either run together, and diffuse themselves uniformly over the skin, or else appear in large irregular patches in different parts of the body. The colour of the skin disappears on pressure, but returns on its removal. The appearance of the tongue is characteristic: it is first coated, the tips and edges are red, the papillæ are red and raised; afterwards the tongue becomes clean and raw-looking. A diffused redness, sometimes of a dark claret-colour, covers the mouth, fauces, etc., which disappears as the febrile symptoms and rash subside. On about the fifth day the *efflorescence* generally begins to decline, and entirely disappears by about the eighth or ninth day, leaving the patient in a weak condition. The subsequent process of desquamation of the cuticle is variable in its duration ; it takes place in the form of scurf, from the face and trunk ; but from the hands and feet large flakes are separated, sometimes coming away entire like a glove or slipper.

It is not always, however, that the disease pursues this uniform course. Sometimes the disease occurs without any rash or sore throat being observed ; or the eruption is livid and partial, and attended with prostration so extreme that the patient sinks in a few hours under its virulence.

DISTINCTIVE FEATURES.—(1) The *scarlet rash*, already described.—(2) *The high temperature of the body.* The thermometer placed in the axilla rises from 98° F.—the natural standard—to 105°, or even 106°.—(3) The papillæ of the tongue are *red and prominent*, and may be first seen projecting through a white fur, or, as this fur clears away, on a red ground, and this has been termed the "strawberry tongue."—(4) The *sore-throat*. The throat is congested and swollen round the soft palate and tonsils, and the mucous membranes of the mouth and nostrils are generally involved.

SCARLET FEVER AND OTHER DISEASES.—For the chief differences between it and Measles, see page 130. In *Roseola* the eruption is generally irregular, limited to the chest, and the throat symptoms and fever are slighter. The early eruption in *Small-pox* sometimes resembles that of Scarlet fever ; but the subsequent papular character of the former, and the previous pain of the back, sufficiently distinguish them.

Cause and Modes of Propagation.—The poison of Scarlet fever is of a subtle nature. Streptococci are always associated with it, and undoubtedly play a large part in producing sequelæ. It is doubtful if any streptococcus however can be regarded as the prime cause of Scarlet fever. Its earliest source is distinctly traceable to Arabia, but it has now spread over the whole world. Owing to the insanitary condition of their dwellings, it spreads extensively, and with great fatality, among the poor. It may be transmitted by *fomites*—in the clothes, bedding, carpets, etc.: this is proved by the fact that medical men have often carried the disease to their own families. The poison may be destroyed by a temperature 205° F., or by disinfection and ventilation. The infecting power probably commences with the primary fever, and diminishes as the fever subsides. The danger from desquamation has probably been exaggerated.

Treatment.—It should be laid down as a maxim that in Scarlet fever medical advice ought always to be had recourse to; for the worst cases we meet with are those in which the disease has, from its apparently mild character, been left to itself (*Aitken*).

Epitome of Treatment.—

1. *Scarlatina simplex.*—Bell. during the course of the affection, preceded by a few doses of Acon., to moderate febrile excitement, and Sulph., or Ars. during its decline.

2. *Scarlatina anginosa.*—Acon. and Bell.; Gels., Apis. (*great swelling of the throat*); Ammon.-Carb.; Merc.-Biniod. (*ulceration*); Ac.-Nit. (internally, or as a gargle, or both); Hyos. (*great restlessness, screaming, convulsions*); Stram. (*delirium*); Opium (*coma*).

3. *Scarlatina maligna.*—Ailanthus Gland., Ac.-Carbol., Ars., Ac.-Mur., Cup.-Acet., Ac.-Nit., Hydras (*as a gargle,* eight drops to half a tumbler of water, *or the strong tincture as a paint to the tonsils*). The spray of Sulphurous Acid, or of *Perfumed Carbolic Acid,* diluted —one part of either to about ten of water—is also recommended.

4. *Secondary diseases* (*sequelæ*).—Ac.-Mur., Apis., Merc.-Iod., Phos., Sulph., etc. See p. 144.

Special Indications.—*Belladonna.*—*Bright Red,* clear and uniformly developed rash, difficult swallowing, *inflamed throat* and eyes, dilated pupils, sleeplessness, with nervous excitement, *starts,* etc. *Bell.* exerts a direct power over Scarlet fever, which in the modified variety, and when the eruption is *scarlet,* will generally yield to its action without the aid of any other remedy.

Aconitum.—*Acute febrile symptoms.* If given early, *Acon.* may modify and abridge the accompanying fever.

Mercurius.—Inflamed, swollen, or ulcerated throat; *salivation;* ulcers in the mouth; acrid discharge from the nostrils.

Apis.—*Rapid swelling* of the throat, and sharp *stinging* pains.

Veratrum Vir.—In Scarlatina *simplex* and *anginosa* this remedy greatly modifies arterial excitement, heat of skin, vomiting, and concomitant symptoms during the early stage, and should be given in two-drop doses, 1*x*; for adults, the strong tincture may be used.

Hydrastis.—Septic ulcerations of the mucous surfaces. For malignant sore-throats it is invaluable.

Coffea.—Extreme *restlessness, sleeplessness,* irritability, and a whining disposition, particularly at night.

Gelseminum.—This remedy diminishes cerebral congestion and nervous excitement, moderates the pulse, and has great power in developing the eruption when it is imperfect. It is also recommended when the symptoms are of a *remittent* character.

Ailanthus Gland.—Malignant Scarlatina, especially where there is a fœtid discharge from the nostril, accompanied by cracking at the angles of the mouth, etc. It is strongly recommended both on theoretical and clinical grounds. It is important that the remedy be administered early, and frequently repeated till amendment sets in.

Ammon.-Carb.—Enlarged and livid tonsils, which are covered with a rapidly degenerating, sticky, offensive mucous slime; burning pains in the throat; also a tendency to accumulation of mucus in the mouth; faintly developed eruption, heaviness of the head, drowsiness, and not easily aroused attention (*Pope*).

Lachesis.—In malignant Scarlatina, during the decline of the eruption, a typhoid condition often supervenes. This condition is characterized by prostration, quick feeble pulse, low muttering delirium, and jactitation. In this stage *Lachesis* is an invaluable remedy, especially when the patient is worse in the afternoon, and after awaking from sleep.

Arsenicum.—*Rapid prostration* and *emaciation*; cold, clammy sweats, frequent, weak pulse, nightly paroxysms of fever, with burning heat, and threatening *dropsical affections*. *Ars.* is also recommended to hasten desquamation and repair of the skin, and to stimulate the kidneys. See also *Sulph.*

Sulphur.—During the decline of the eruption, as a preventive of sequelæ, a dose or two of *Sulphur* may be given before *Arsenicum* is resorted to.

ACCESSORY MEANS.—Isolation of the patient is of the first importance. The room should be divested of all superfluous furniture and hangings. Ventilation, without exposing the patient to draught, should be thorough. The patient should invariably remain in bed; the room should be well ventilated, and at the same time the patient should be protected from direct currents of air. If possible, it should be an upper room. The clothes of the patient, the sheets, blankets, and personal linen, as well as the air of the room, should be frequently changed. The light of the apartment should be modified to prevent injury to the susceptible eyes. He must not go out too early, as secondary symptoms are of frequent occurrence from neglect of this precaution. The patient should be frequently sponged over with cold or tepid water, and dried rapidly, to obviate too long exposure. Dr. Douglass, of Milwaukee, says that he has used *cold* water, either by sponging, the wet pack, or the douche, and very free ventilation, for nearly fifty years. A *wet-compress* to the throat, if swallowing is difficult; *poultices* frequently renewed, or spongio-piline, squeezed out of hot water, if the glands are swollen; the *inhalation of the steam of hot water,* as described on pp. 95, 98, as long as the throat is sore and painful; *injections of* tepid water, if the bowels are costive. During convalescence, warm clothing, including flannel, is necessary, and subsequently a *change of air,* if possible to the sea coast. Everything that has been in the sick room must be sterilized by heat when the illness is over, or destroyed. The linen, etc., must not be sent to the laundry, but sterilized. The public authorities now undertake the necessary sterilizations after infective diseases.

Beverages.—Cold water, barley water, weak lemonade, etc., in small quantities, as frequently as desired. Drinking cold water, toast-water, or soda-water exerts a favourable influence on the kidneys, and tends to prevent subsequent diseases in those organs. To the same end sucking and swallowing *small pieces of ice* are both useful and grateful.

Diet.—Roast apples, grapes, strawberries, and other ripe fruits in season, toast, gruel, etc.; gradually returning, as the disease declines, to food of a more substantial kind. The fever being of short duration, wine or brandy may be dispensed with; but in malignant cases, stimulants, *extract of meat*, etc., should be given freely, as directed in the Section on Enteric fever. The quantity of nourishment and stimulants should be regulated by the character of the pulse.

Prevention.—When Scarlet fever prevails in a family or neighbourhood the administration of a dose of *Belladonna*, morning and night, to children who have not had the disease, will often entirely ward off an attack; should the disease occur, notwithstanding this treatment, it will, undoubtedly, greatly modify its severity. As a prophylactic we generally administer two drops of the 1st dec. dil. in half a wineglass of water the first thing in the morning. In severe epidemics the dose should be given twice daily for a few days. The value of this measure we have repeatedly verified in practice. Great cleanliness should be observed, and pure air be allowed to play through the house.

Sequelæ.—If there be no complications or sequelæ, Scarlet fever may be expected to terminate favourably in about a week, although until the desquamation is complete the patient must remain isolated. Secondary diseases are, happily, infrequent after homœopathic treatment. But in weakly or tubercular children the disease is liable to be followed by troublesome maladies, one of the most frequent of which is *suppuration of the glands of the neck.* This occurs sometimes to a frightful extent, involving the deep structures of the neck. When this condition obtains, the parts should be carefully cleansed with a lotion of Carbolic acid (1-100), or of Corrosive Sublimate (1 in 4,000), and dressed with surgical dressings of gauze, etc. The following are the most common *Sequelæ*, with the remedies generally indicated :—

(1) *Glandular swelling, discharges from the ears (Otorrhœa), or deafness.*—Merc.-Iod., Ac.-Mur., Calc.-C., Phos., Aur., Sulph. ; Merc.-Biniod., Lyc., Silic. (*suppuration from the ear, with deafness*) ; Alum., Graph., Calc.-Phos. (*obstinate cases*) ; K.-Permang. (*very offensive discharge*) ; a weak solution for syringing the ear. Also *Carbolic Acid lotion*, as recommended (see Sec. on *Otorrhœa*).

(2) *Pains in the ear.*—Puls., Bell.

(3) *Inflammatory affections of the eyes.*—Bell., Acon., Sulph.

(4) *Croupy cough.*—Hep.-S., Iod.

(5) *Acute desquamative Nephritis and Dropsy.*—Apis, Canth., Tereb., Merc.-Cor., Ars., Hell., Apoc. (see Sec. on *Nephritis*).

This last affection, also termed post-scarlatinal Dropsy, is the most common sequel, and it occurs more frequently after mild than severe attacks. This s probably owing to the disease not having expended all its force ; or it may be due to the neglect of proper caution during the period of recovery ; or again, to the patient having been previously in a debilitated condition.

After the subsidence of the fever, usually from the tenth to the twentieth day, *Acute Nephritis* is liable to come on. *Symptoms.*—Frequent inclination to pass water, which is scanty, and often highly-coloured or smoky from the presence of blood, and of high specific gravity. If examined through a microscope the tube-casts are cellular or transparent, or if tested by heat and Nitric acid, the urine deposits *albumen.* The pulse is quick, the skin dry, the patient is thirsty, and the body, face, and limbs are œdematous. Recovery is generally accompanied by copious secretion of urine.

Accessory Means.—Warm baths, or cold sponging of the body, the wet pack, and drinking cold water, are of the first importance; they facilitate excretion by the skin, and relieve the congested kidneys. In the treatment of the disease, to promote the free action of the skin is the most effectual means for preventing post-scarlatinal Dropsy. It is known that Albuminuria, and its attendant evils, can be produced in an animal by glazing over half or three-fourths of the surface of its skin. To do so completely would cause speedy death. This shows the importance, in the treatment of Scarlatina, of preserving the integrity of the skin. Nothing secures this so thoroughly as the *wet pack* (see Sec. 26). A nourishing, digestible diet is also essential to meet the exhaustion which usually exists, but nitrogenous food (meat, fish, etc.), must be given sparingly or not at all in the acute stages. A milk diet is then the best. Cold water may be given *ad libitum.* Finally, change of air is of great value, though the patient should not go out too early.

Occasionally the kidneys are, from the outset, the chief organs affected. Dr. Carroll Dunham of New York, records several interesting cases in the Publications of the Massachusetts Homœopathic Medical Society, in which the renal affection was the form of the disease rather than a sequel. He states that the group of remedies in which we are most likely to find the *simile* for a case of this kind comprises, among others, *Tereb.*, *Canth.*, *Ars.*, *Apis*, *China.*, *Carbo. V.*, and *Phos.*

39.—German Measles (*Rubella: Rötheln*).

DEFINITION.—German measles is an acute infectious disease resembling in many respects both Measles and Scarlatina, affecting mostly children, attended by early enlargement of the lymphatic glands of the neck and adjacent parts, fever, a characteristic eruption, affording protection against a second attack of the same disease, but not against either Measles or Scarlatina.

SYMPTOMS.—After an incubation period of from two to three weeks, during which no symptoms are apparent, slight fever appears attended with malaise, headache, etc., next comes the eruptive stage, and this may come without previous warning. The rash first appears on the face and spreads downwards. It comes within a few hours of the initial symptoms. The colour is pale red, lighter than that of Measles, but discrete and not uniform as in Scarlatina. At the same time the lymphatic glands are affected, notably the post auricular (behind the ears), cervical, suboccipital, submaxillary and axillary. The rash lasts from twenty-four to forty-eight hours; but relapses are not uncommon, and the rash may keep reappearing and disappearing almost indefinitely. Desquamation is either absent or in furfuraceous scales. Coryza and bronchial catarrh are frequently present, and sometimes œdema of the face. Valvular affection of the heart is not an uncommon complication.

DIAGNOSIS.—German Measles is distinguished from ordinary Measles by the mildness of the initial symptoms, the light colour of the rash, and the earlier date of its appearance ; from scarlatina by the discrete rash which begins on the face, by the catarrhal symptoms, and the less severe sore-throat. From both it is distinguished by the peculiar involvement of the lymphatics independently of the sore-throat. When an epidemic is prevalent there is generally little difficulty in deciding. German Measles is very seldom fatal.

TREATMENT.—

In the initial fever, and when glandular swellings and catarrhal symptoms come on.—Acon.

For sore-throat, rash, and headache.—Bell.

Convalescence.—Sulph., Iod., Arsen.

GENERAL MEASURES.—Rest in bed and light diet until all symptoms of fever and rash are over. If there are no complications the patient may return to ordinary ways of living when the skin is clear.

40.—Typhus Fever.

DEFINITION.—An acute specific form of fever, highly contagious and infectious, continuing from fourteen to twenty-one days, attended with a lethargic or confused condition of the intellect, and an eruption of a measles-like or mulberry appearance ; it is the accompaniment of privation, overcrowding, and defective ventilation.

SYMPTOMS.—The precursory stage varies, but is usually short, so that the patient yields to the disease within the first three days, giving up his employment and taking to his bed ; in this respect strongly conrasting to the protracted invasive stage of Enteric. Sensations of uneasiness, soreness, or fatigue, loss of appetite, *frontal headache,* and disturbed sleep are the early symptoms. The patient is often seized with a igor (but less marked and severe than in Small-pox or internal inflammations), usually succeeded by dry heat of the skin, thirst, quick pulse, white, dry, often remulous tongue, scanty and high-coloured urine, sometimes vomiting, heavy look or stupor, prostration, and muscular pains ; towards evening there is rritability or restlessness, and if sleep occurs it is unrefreshing, being disturbed by dreams or sudden starts.

The general appearance of a Typhus patient is very characteristic, and affords a very ready means of diagnosis. " In an average attack the patient lies prostrate on his back, with a most weary and dull expression of face, his eyes heavy, and with some dusky flush spread uniformly over his cheeks. In the advanced stage of a severe attack he lies with his eyes shut or half-shut, moaning, and too prostrate to answer questions, to protrude his tongue, or to move himself in bed ; or the mouth is clenched, the tongue and hands tremble, and the muscles are twitching and half rigid. The dryness of the mouth, he sordes on the teeth and lips, the hot, dry skin, and the deafness, or other symptoms which strike an observer so immediately as to deserve to be ncluded in the physiognomy of the disease" *G. Buchanan, M.D.*).

During the first week the patient complains much of headache, noises in the ears, and, consequently, deafness ; the conjunctivæ are injected, the pupils contracted,

DIFFERENCES BETWEEN TYPHUS AND ENTERIC (TYPHOID) FEVER.

TYPHUS.	ENTERIC.
1.—Come on *quickly*, after incubating about nine days. or less.	1.—Commences *slowly* and insidiously, the period of incubation lasting about thirteen days.
2.—Occurs at *any* age.	2.—Is most common in *youth* and childhood ; rarely occurs after forty.
3.—Is rare among the wealthy classes, excepting doctors, students, and *visiting* clergymen.	3.—Is as common among the *rich as the poor.*
4.—The eruption is of a MULBERRY COLOUR, comes out in a single crop, about the fourth or fifth day, and lasts until the termination of the disease. The spots generally appear first on the extremities.	4.—The eruption consists of ROSE-COLOURED spots, few in number, situated generally about the abdomen ; comes in successive crops, beginning generally on the sixth day, which in their turn fade and disappear.
5.—The *brain* is chiefly affected, and the bowels are often but little so ; the abdomen is natural, and the evacuations dark, but never bloody. (These symptoms are occasionally reversed).	5.—The *bowels* are chiefly affected, the evacuations being ochre-coloured and watery with congestion of the intestinal mucous membrane, sometimes hæmorrhage, or even ulceration, and the abdomen is tumid.
6.—There is a *dusky blush* on the face, neck and shoulders, injected eyes, and contracted pupils.	6.—The expression is *bright*, the hectic blush is limited to the cheeks, and the pupils are dilated.
7.—Runs its course in about a *fortnight.*	7.—Continues at least *three weeks*, and, if relapses occur often five or six, or even more.
8.—Relapses are of *rare* occurrence.	8.—*Relapses* frequently occur, especially in certain epidemics.
9.—The tendency to death is by *Coma*, or *Congestion of* the *lungs.*	9.—The tendency to death is by *Asthenia*, *Pneumonia*, *Hæmorrhage*, or *Perforation of the intestine.*
10.—*Typhus* arises in conjunction with *destitution* and *overcrowding*, with *defective ventilation*, and spreads by contagion.	10.—*Enteric* arises from *bad drainage* and poisoned *drinking-water*—as from a drain leaking into a well or through milk, when milk has been adulterated with infected water, or milk cans washed out with it.

eyes painfully sensitive to light, and therefore often closed. He becomes irritable, and his answers short and fretful. After the lapse of a short period, usually between the fourth and eighth days, the mind passes from a state of excitement to one of delirium. This symptom is usually more severe, and appears earlier, when the disease attacks persons in the upper classes of society, in consequence, no doubt, of the greater activity of their brains. This is especially the case with confusion of ideas as to time, place, persons, and even personal identity, with vague, rambling talk, of which occasionally he seems conscious, and from which he can be roused. Afterwards the delirium may become active and maniacal, or low and muttering. The patient often fancies that he is two or three persons, and the subject of a series of miseries and violence ; confined in a dungeon, pursued by enemies from whom he vainly flies, or with whom he struggles ; and he attempts to spring from bed to reach the door or window to fly from his tormentors. Sometimes the delirium passes into a heavy stupor, with tremulousness of the tongue and hands and twitching of the muscles (*subsultus tendinum*) ; but in favourable cases it subsides in two or three days. Improvement sometimes sets in quite suddenly. Between the thirteenth and seventeenth days the patient may fall into a long, deep, quiet sleep, awaking in twelve or more hours quite refreshed. The powers of the mind begin again to dawn, the countenance assumes a more tranquil aspect, sleep becomes natural, and at length convalescence is fully established.

Diarrhœa sometimes occurs, but at other times the bowels are confined ; the evacuations are natural or dark (contrasting strongly with the yellow ochre colour of the stools in *Enteric fever*), and may be involuntary.

The Pulse.—In Typhus the pulse is rarely less than 100, sometimes 120, 130, or even 140 in the minute. In the last case, however, in adults, it is indicative of great danger. As a rule, the pulse pursues a gradually increasing rate of frequency up to the ninth or twelfth day, and afterwards undergoes, in favourable cases, a somewhat sudden decline. Cases so marked almost invariably get well. On the other hand, departures from the gradual rise in the pulse, especially if considerable, mark the existence of complications or dangerous symptoms. In fatal cases of Typhus the pulse becomes more and more rapid, and also weaker and smaller, up to the very hour of death. The first glimpse of dawning convalescence is afforded by watching the pulse (the temperature, as measured by the thermometer, is a valuable but less available sign), and whenever the pulse is fairly on the decline, especially if it becomes stronger and fuller, we may confidently conclude that the patient will recover. The crisis of Typhus is often indicated by no other symptom than the fall of temperature indicated by the thermometer, and the decline of the pulse after having gradually reached its maximum degree of rapidity. There may be no marked perspiration, no critical diarrhœa, no striking alteration in the urine, or notable phenomena of any kind besides.

The Eruption. The *Typhus rash* appears between the fourth and seventh days, and consists of irregular, slightly elevated spots of a mulberry hue, which disappear on pressure, and may be singly scattered and minute or numerous and large; in the latter case two or more spots coalesce. They are usually first seen on the abdomen, and afterwards on the chest and extremities. Murchison says the spots generally appear first on the extremities, especially the wrists and arms. From the first to the third day after the appearance of the rash no fresh spots appear ; but each spot, although it undergoes certain changes, continues visible till the whole rash disappears and the disease terminates. The first three days of the Typhus spots are temporarily obliterated by the pressure of the finger, but after that time they are indelible, thus differing from enteric spots, which may be at any time momentarily obliterated by such pressure. In fatal cases the Typhus spots remain after death.

ODOUR. The *odour* of Typhus patients is characteristic. It is offensive, pungent, and ammoniacal. Nurses familiar with Typhus are thus alone able to recognize it, and they estimate the amount of danger by the badness of the smell.

NERVOUS SYMPTOMS.—It is from the constancy and prominence of these symptoms that the name of Typhus (τυφος, stupor) was first employed ; and it is almost certain that it is through the nervous system that the poison of the disease chiefly operates. Hence extreme restlessness, ringing noises in the ears, and low delirium or stupor, are invariably present to a greater or less extent. In fatal cases, about the ninth or tenth day delirium merges into profound coma, or the condition described as *coma-vigil* may come on. In this latter condition the patient lies on his back with his eyes open, and certainly awake, but indifferent or insensible to everything transpiring around him. His mouth is partially open, his face expressionless, and he is incapable of being roused. The contents of the bladder and rectum are evacuated involuntarily. At length the breathing becomes nearly imperceptible, the pulse rapid and feeble, or it cannot be felt, and the transition from life to death occurs without any gleam of returning consciousness, and can only be recognised by the eyes losing their little lustre, and the chest no longer performing its slow and feeble movements.

Unfavourable Indications.—Early, furious, and persistent delirium, with complete sleeplessness ; *coma-vigil ; convulsions ;* involuntary twichings of the muscles of the face and arms ; abundant and *dark rash* nearly unaffected by pressure ; great duskiness of the countenance, or lividity of the surface ; involuntary, uncontrollable diarrhœa ; pus in the urine, or Albuminuria ; a brown, hard, *tremulous tongue ;* a temperature gradually rising to 107° F., or higher ; a great, sudden elevation of temperature in the third week ; a small, weak, irregular, or imperceptible pulse, stationary at above 120° ; bed sores, inflammatory or erysipelatous swelling, and other complications ; a strong presentiment of death on the part of the patient, etc. The prognosis is far more favourable in children from ten to fifteen years old, in whom the mortality is very small, than in patients over fifty, for then the mortality is very great.

Causes.—The actual agent, probably a micro-organism, has not been identified, but there is no doubt now that it is conveyed by body lice. The accessory causes are *overcrowding, with defective ventilation, destitution, and want of personal and domestic cleanliness.* Hence it is the scourge of the poor inhabitants of our large towns. *Overcrowding* includes too many occupants in rooms, and also building dwelling-houses upon too circumscribed an area, preventing the proper ventilation of streets and houses. A spacious dwelling with free ventilation, robs the disease of half its power, and the danger of its spread to others is reduced to a inimum.* *Privation*—famine through failure of crops, ommercial distress, strikes, hardships in war, etc.—redisposes to Typhus by deteriorating the constitution. efore the days of Howard, Typhus was never absent rom our prisons and hospitals; it was the scourge f the armies of the first Napoleon, and it decimated hose of the Allies in the Crimea, the disease varying mong the troops exactly in proportion to the degree of rivation and overcrowding. In 1818, and again in 847, the failure of the potato crop in Ireland gave rise o an epidemic of this fever, so that it is estimated that ne-eighth of the entire population was attacked. Dirty dwellings, filthy clothes, and personal squalor onstitute favouring attendants of the disease.

TREATMENT.—It is a question whether Typhus can ver be cut short, or the definite course of the disease ltered by the administration of remedies; some con-end that it may be broken up in the first stage specially by the combination of homœopathic remedies nd hydropathic appliances; others believe that the isease must have its course. However, our experience mply proves that in the great majority of cases the iolence of the symptoms can be held in check, the atient's comfort greatly promoted, and convalescence astened, by judicious treatment.

EPITOME OF TREATMENT.—

1. *Febrile symptoms.*—Acon., Bapt., Bry., Gels.
2. *Cerebral symptoms.*—Hyos., Bell., Verat.-Vir. Stram.; Tereb. (*from Uræmia*).
3. *Sleeplessness.*—Coff., Bell., Gels.
4. *Stupor.*—Opi., Rhus.
5. *Extreme prostration.*—Ac.-Mur., Ars., Ac.-Phos.

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* Since this was written the general spread of Sanitation has ren-ered Typhus in the United Kingdom a disease, virtually, of the past.

6. *Pulmonary complications.*—Phos., Bry., Acon., (*congestion*).

7. *Septicæmic conditions.*—Carbo V., Ars., Rhus., Bapt.

8. *Convalescence.*—Ac.-Phos., Ac.-Nit., China, Sulph. Psorin.

SPECIAL INDICATIONS.—*Aconitum.*—Thickly-furred tongue, foul taste, thirst; heavy, aching pain in the head; soreness and heaviness in the bowels and other parts of the body; exacerbations towards evening; the urine becomes dark and foul; the patient is restless, depressed in spirits, wakeful or drowsy, and dreams heavily in sleep. *Acon.* is of great service in the first stage, before the brain is much involved, and when severe febrile disturbance is present; but not afterwards, probably, except as a intercurrent remedy, and for imflammation or local congestion.

Gelseminum.—Is specifically indicated when, from some great excitement or over-exertion, a typhoid state suddenly supervenes, with prostration of all the vital forces, and the patient experiences strange sensations in the head, with morbid condition of the motor-nerves, manifested by local paralysis, or jactitation of certain muscles (*Hale*).

Baptisia.—Should typhoid symptoms appear, and there be difficulty in determining the exact nature of the disease, this remedy should be at once administered and repeated several times. If improvement does not follow in a reasonable time, another remedy should be chosen.

Hyoscyamus.—*Severe pains in the head;* dull, distressed, or haggard expression of the face; dry and glazed brown tongue; sordes on the teeth, noises in the ears, deafness, and *aberration of sight*—the patient eeing double or treble ; delirium, in which the patient requently manifests a *desire to escape* from some naginary enemy or evil. *Hyos.* is probably one of the est remedies in this disease.

Belladonna.—Great *cerebral congestion,* bright red, ven bloated face ; *throbbing* of the temples and arotids ; glistening and staring of the eyes ; partial ss of the use of the tongue, so that the patient can arcely articulate ; much *thirst ;* confusion of ideas ; icking at the bed-clothes ; furious *delirium.*

Opium.—Stertorious breathing ; low muttering derium ; stupor ; dark red face ; hot and dry, or clammy kin ; thick brownish-coated tongue ; complaint of irst (if the patient can express his sensations).

Ac.-Muriat.—In an advanced stage this acid is somemes capable of effecting a most beneficial influence ; specially when there are,—complete loss of muscular ower ; extreme dryness and parched appearance of e skin, which is cold ; quick, feeble pulse ; low elirium ; slavering ; foul exhalations from the lcerated throat, etc.

Rhus Tox.—Blackish-brown mucus on the tongue ; irst ; bleeding from the nose ; discharge of fœtid rine ; involuntary, bad-smelling alvine evacuations ; nall and rapid pulse ; stupor.

Arsenicum.—Sunken countenance and eyes ; dry, acked *tongue ; burning thirst ; involuntary diarrhœa.*

Ac.-Nitric.—This remedy has often a very salutary fect, and may be given occasionally throughout the sease.

Accessory Measures.—The points of greatest importance may be briefly summed up as follows: (1) The Patient should be placed in a large, or at least in a well-ventilated room, so as to secure a continuous and ample supply of fresh air. Cases occurring in close, crowded rooms, in which this prime hygienic condition cannot be secured, should be removed to a suitable place. (2) Frequent changes of personal and bed-linen, and changes of posture to avoid congestion and bed-sores; if bed-sores form notwithstanding, the patient should be placed on a *water-bed*. Directly there is the least indication of a bed-sore, the part should be coated over with a layer of flexible collodion. (3) The *wet-pack* (see Sec. 26) is a valuable measure, especially early in the disease, and when the skin is dry and hot. (4) Food or beverages should be given in small quantities at regular and frequent intervals, including water, milk-and-water, tea, broth, and beef-tea. It is extremely important that, from the first, nourishment should be given regularly and persistently. The tendency to death is by Asthenia, and, keeping that in mind, the patient should be frequently supplied with small quantities of very nutritious food. If prostration, feeble and irregular circulation, or complications indicate it, wine or brandy, but stimulants require to be used with caution. In some cases in which patients obstinately refuse all food, or are unable to swallow, life may be saved by nutritious or stimulating enemata. (5) Quiet; in noisy streets stuffing the ears with cotton wool; cleanliness; sponging the whole surface of the body and carefully drying at least once a day; and intelligent and unremittent watching. In no disease is careful nursing more necessary. See also the hints on nursing fever-patients in the ollowing Section, and the general measures described n Part II.

PREVENTIVES.—As disinfectants—fresh air, efficient ventilation, and cleanliness, are of paramount import-ance. As additional means for avoiding contagion, but by no means as substitutes—white-washing with quicklime, washing the wood-work with soap and water, repapering infected rooms, cleansing the linen n water to which chloride of lime has been added, and he use of *Carbolic Acid* or *Sanitas* in the water mployed in sponging the patient,—five drops of pure cid, or a teaspoonful of *Sanitas*, to a quart of water. Without cleanliness and fresh air, vinegar, camphor, nd other-so-called preventives are useless, and only isguise noxious vapours. Nurses should not be over-worked, deprived of repose in bed, nor of daily out-of-oor exercise. If there is any ground to fear an ttack of Typhus, *Hyos.* and *Bapt.* are probably the est preventives, with plenty of fresh air and wholesome ood.

41.—Enteric Fever—Typhoid Fever.

DEFINITION.—*Enteric fever* (so-called from its chief athological effects being evident in the bowels) is a continued fever, whose infective agent is contained in he motions, and is generally conveyed through con-tamination of the water supply, lasting about twenty-ne days, often longer, with an eruption of a few ose-coloured spots on the chest, abdomen, or back, nd attended with a great *feebleness*, abdominal pains r tenderness, ulceration of the intestine, and usually *diarrhœa,* which increases with the disease, the discharges being copious, liquid, of a *light-ochre colour,* putrid, and often containing altered blood.

The word *Typhoid* signifies similarity to *Typhus;* but although the two fevers have many symptoms in common, *Enteric* is essentially a different disease, and there are several considerations which render it important to be able early to identify the variety we may be called upon to treat. Thus the *causes* of these fevers are different, and suggest sanitary regulations of an opposite nature. Enteric is less directly contagious than Typhus; the tendency to a fatal issue varying, the treatment must be regulated accordingly; and, further, if not early recognized, patients may persist in their usual occupations at a time when rest in bed would conserve the strength and moderate the progress of the disease. For the easy recognition of these fevers, we have given in a tabular form the chief differences on page 150. In these days (1913) Typhus is so rare that the liability to error has almost vanished.

CAUSE.—The poison of Enteric fever does not *originate* in decomposing sewage, but is transmitted by the specific poison contained in the discharges from the bowels of the person infected with the fever, by percolating the soil into the wells which furnish drinking-water. It has been traced to the presence of a micro-organism called *Eberth's Bacillus,* after its discoverer. Modern research has identified other bacilli which can produce symptoms resembling those of typhoid (so-called Para-Typhoid), but Eberth's bacillus (Bacillus Typhosus) is by far the most important agent. The question that most concerns us is of sewage, since the poison of Enteric fever is propagated by sewage and by sewage only, through the contamination of water supplies or through contamination of articles of diet eaten raw, like watercress or oysters, which may come into contact with infected sewage. That the poison is thus conveyed all are agreed, and therefore all alike concur in the necessity for eliminating the poison from our water, and our milk.

The problem of controlling and eliminating Enteric therefore is a problem of drainage and of water-supply. Drainage by cesspools is most unsatisfactory as the contents may leak into surrounding soil and there maintain possibilities of infection. Earth closets are safer and better in every way, when a system of water borne drainage, such as now exists in most towns, is impossible. The system of treatment of sewage by anaërobic bacteria in a septic tank can also be applied to house drainage in the country. As to water supply, water from surface wells should always be regarded as suspect, and if no other is available, it should be boiled before use. Surface wells are obviously liable to contamination from cesspools or leaking drains. When cisterns exist in a house they need regular attention and cleaning, and the cistern overflow is still sometimes allowed (wrongly) to communicate with a drain. This may permit sewage gases to ascend to the cistern water. It is doubtful if germs can be thus conveyed, as they do not seem to rise into air from a wet surface, but the poisoning by the gases is highly undesirable. Water closets·too, still exist of dangerous patterns where the "trapping" is quite ineffective, and allows sewage air to enter the house.

Enteric fever shows a certain seasonal prevalence, the autumn being the most dangerous period of the year. It does not often attack persons above forty years of age.

SYMPTOMS.—These may be divided into (1) those of the *accession*, and (2) those of the *three weekly periods*.

Unless the poison is very concentrated, there is a period of *incubation*, varying from ten to twenty-one days, after which the disease sets in slowly and insidiously. The patient becomes languid and indisposed to exertion; is chilly and unwilling to leave the fire; the back aches and the legs tremble; the appetite fails, and there are even nausea and sickness; the tongue is white, the breath offensive, and often the throat is sore; the bowels are generally relaxed; the pulse is quickened, and the sleep disturbed. These symptoms gradually increasing, the patient has probably rigors, succeeded by heightened temperature, severe headache, and such muscular debility that he takes to his bed. This is the *accession*. The course of the fever may now be divided into three weekly periods.

1ST WEEK.—The prominent symptoms are,—a gradual rise of temperature from day to day, with vascular excitement and nervous oppression, including a bounding pulse, 90 per minute or more, great heat of skin, thirst, and obscured mental facilities; the patient cannot give a coherent account of himself, complains of little except his head, and is usually delirious at night. The abdomen enlarges, is resonant on percussion, and there is tenderness or even pain on firm pressure, especially in the right *iliac fossa*, near the termination of the small intestine, where a peculiar *gurgling* sensation is conveyed to the fingers on pressure. As this is the site of most severe ulceration, the less the parts are handled here the better. During this week the patient may suffer from nose-bleeding or deafness. The rose-spots (generally few in number) begin to appear on the body about the sixth day.

2ND WEEK.—Debility and emaciation become very marked, the muscles wasting as well as the fat; the urine is scanty and heavy, being loaded with urea from wasting of the nitrogenized tissues. During the second week there is also frequently *diarrhœa*, which often begins in the first week, and generally increases to five, six, or even more evacuations in twenty-four hours. The *specific characters* of the evacuations are the following:—*Fluidity; pale ochre or drab colour; sickly putrid odour; absence of bile; a flocculent débris.* This *débris* may be discovered by washing the discharges. It is also worth notice that often before a patient takes to his bed, or looseness of the bowels sets in, the fæces are of a *light ochre colour*, and furnish the most marked of the *early* signs of Enteric fever. In about a quarter of all cases there is constipation throughout. During the second week the so-called Widal Reaction of the blood becomes manifest. It requires the expert, but is an admirable help in diagnosis of doubtful cases.

3RD WEEK.—The debility and emaciation become extreme; the patient lies extended on his back, sinking towards the foot of the bed, without making an effort to change or preserve his position. There is a bright and pinkish flush of the cheeks, which strongly contrasts with the surrounding pale skin; *sordes* occur on the mucous membrane of the mouth and lips; the tongue is dry and brown, or red and glazed, and often rough and stiff, like old leather; the urine is frequently retained from inaction of the bladder; the fæces pass without control; the tendons start from irregular, eeble contractions of the muscles; the patient picks vacantly at the bed-clothes, or grasps at black spots, ike flies on the wing (*muscæ volitantes*), which appear efore his eyes; he becomes deaf, no longer knows his friends, and on recovery will have little or no remembrance of anything that has at this time occurred, and in all probability his intellectual powers will be impaired for some time after convalescence.

In the majority of fatal cases, death occurs about the end of the third week; and it is a notable fact that there seems to be no relation between the general symptoms and the ultimate issue, rendering the disease one of great uncertainty and perplexity.

THE ERUPTION.—From the seventh to the fourteenth day the characteristic *eruption* generally begins to show itself, chiefly on the sternum and epigastrium, in the form of rose-coloured dots, which are few in number, round, scarcely elevated, and insensibly fade into the natural hue of the surrounding skin. The quantity of the rash bears no proportion to the severity of the disease. "This successive daily eruption, disappearing on pressure, each spot continuing visible for three or four days only, is peculiar to, and absolutely diagnostic of, Typhoid fever" (*Aitken*). The first crop of the eruption is rarely fully conclusive, but successive crops, even of not more than two or three spots each, remove all doubt. Although the rose-coloured rash is never met with in any other disease, yet we have treated cases of Enteric fever without being able to detect a single spot. Occasionally, also, very minute vesicles appear, looking like drops of sweat (*sudamina*), chiefly on the neck, chest, or abdomen.

TEMPERATURE.—The information afforded by the clinical thermometer in the *diagnosis* of Enteric fever is very important. In all the acute specific fevers the temperature is abnormally raised; in this, elevation is *gradual*, while in most others it is *abrupt*. During the first three or four days we have scarcely any symptoms to indicate the *invasion* of so serious a disease, except a *gradual* elevation of the temperature; but if, on the fourth or fifth day, the maximum temperature attained during the twenty-four hours be not 103.5° or 104°, the disease is most probably not Enteric fever. And, further, if on the first or second day the maximum temperature reaches 104°, the disease is some other acute fever, as the temperature only *gradually* attains such a degree in Enteric fever. At the commencement, the diagnosis is difficult, inasmuch as the characteristic rash does not usually appear before the sixth, sometimes not till the twelfth, day of the disease; and, indeed, in children, cannot sometimes be observed at any stage. Temperature is also an important element in the *prognosis*. Thus we have great *variations* in the temperature in Enteric fever, being low in the morning, and attaining its maximum degree in the evening. The greater these fluctuations at the end of the second week, the more favourable is the attack, and the shorter will be its duration. If the temperature falls considerably in the morning, even though the evening rise is considerable, the prognosis is favourable. On the other hand, should the temperature during the second week remain continuously high, we may predicate a severe and prolonged attack. Again, probably the first indication of improvement in cases of persistent elevation of the temperature is a decline in the morning temperature. When such a decline occurs, especially if it be repeated on subsequent days, even though the maximum temperature reached in the evening remain the same, we may be certain that the fever has begun to abate. It is true a sudden fall in the temperature may be consequent on Diarrhœa and Hæmorrhage—probably the latter when it takes place suddenly ; but, usually, other symptoms would indicate such an occurrence. Unlike Typhus, the decline of the temperature is generally gradual.

DANGERS.—(1) *Hæmorrhage.*—This may occur from the ulcerated patches in the *ileum*, during the separation of the gland-sloughs, and may be either capillary or from the opening of a large vessel. The discharge of blood may be so great as to be immediately fatal, or it may be remotely fatal, by exhausting the patient so that he has no power to bear up against the fever in its subsequent course. Sometimes, without any escape of blood from the orifice of the bowel, the patient becomes suddenly blanched and dies in a swoon. In such a case a *post-mortem* examination finds the intestines distended with clotted blood. (2) *Exhaustion* from *profuse and persistent Diarrhœa*, in cases in which the affection of the mucous membrane has been very severe and obstinate. (3) *Perforation.*—The ulceration may extend till the coats of the bowel are perforated, and cause fatal Peritonitis ; this may happen during the second or third week, or, more frequently, during prolonged and imperfect convalescence. The symptoms of this occurrence are,—a sudden pain and tenderness in the abdomen with swelling, more or less nausea and vomiting, an altered expression of the features, and death in one or two days. (4) *Congestion.*—The lungs may become congested, giving rise to Bronchitis, Pleurisy with effusion, or Pneumonia ; or latent tubercle may be called into fatal activity ; in short, there is a tendency to congestion in the three great visceral cavities—the head, the chest, and the abdomen. (5) *Relapse.*—This is not unlikely to occur from inattention to diet, or from abandoning the recumbent posture too soon. After recovery from Enteric fever, the germs of the disease sometimes live on in the body in the gall bladder, and bile ducts. Thence they may pass into the intestine and fæces, and be discharged from the body, able to cause the disease again if they happen to infect a water supply, or in other ways gain access to human beings. These persons who harbour enteric germs are known as Typhoid carriers, and may be innocent agents in spreading the disease.

It will be inferred from the preceding observations that this disease does not run a uniform course; indeed, cases have been recorded in which a fatal termination has been reached without the manifestation of any characteristic symptom. In our practice we have met with the greatest conceivable varieties, so that enteric fever may be said to present, in the mode of its accession, in the course, gravity, and termination of the symptoms, so many forms, complications, and accidents, as to justify its being considered an *epitome of the whole practice of medicine.*

MORTALITY.—Upon referring to the Registrar-General's report of some thirty years ago we find that 20,000 persons died annually of Enteric fever, and probably 150,000 are laid prostrate by it. Amongst its many victims, it carried off the Prince Consort in 1861, twenty-one days from the commencement of the attack, and ten years later almost proved fatal to the Prince of Wales. Several members of the royal family of Portugal came to an untimely end by it. We are much gratified to see that within the last few years there have been nothing like so many fatal cases, the total deaths for 1890 being 5,146, in the proportion of 179 to a million of persons living. In 1910 there were only 1,898 deaths from Enteric in England and Wales, in 1916, 1,122—a gratifying tribute to the efficiency and zeal of our Public Health officers.

Treatment.—Unless distance absolutely forbids it, the treatment of this disease should only be confided to a medical man. Before the true character of the fever is detected, the remedies prescribed in Section 45, on " Simple Fever," may be given.

Preventive Treatment.—Since the discovery of the germ of Enteric fever, processes have been developed whereby, by means of growing the germs outside the body, doses of weakened germs can be injected into the healthy (Typhoid vaccination), which protect thereafter against the disease. The result of injection is a more or less severe reaction of pain, discomfort, fever, etc., but is not a thing of importance compared with protection from the disease. This vaccination is now largely performed in armies and other bodies of people likely to be exposed to enteric fever.

Epitome of Treatment.—

1. *Invasive stage.*—Bapt.
2. *Great prostration.*—Ars., Ac.-Mur.
3. *Excessive Diarrhœa.*—Ars., Ver.-Alb. (*involuntary*), Ipec., Carb.-V. Constipation, Bry.
4. *Hæmorrhage from the bowels.*—Tereb., Ac.-Nit., Ipec.
5. *Complications.*—Phos., Bell., Opi., etc. See Sequelæ.
6. *Debility following.*—Ac.-Phos., Ign., Ferr., Sulph., China, Nux V.
7. *Perforation.*—The possibility of immediate surgical interference gives virtually the only chance of saving the patient.

Special Indications.—*Baptisia.*—As soon as Enteric fever is suspected, this remedy should be administered, one or two drops of 1*x* dil., or of the strong tincture, every two or three hours. This remedy is of great value, modifying, and even cutting short, the attack by destroying the poison in the blood. Its influence in this disease is comparable to that of *Acon.* in simple fever; but *Acon.* exercises little or no curative power in Enteric fever, which depends on the presence of a specific blood-poison, and requires the action of an antidote. Should, however, the administration of *Bapt.* have been much delayed, and the specific poisonous effects produced, other remedies must be resorted to; especially *Ars.* and *Rhus.*

Arsenicum.—Frequent, copious *Diarrhœa,* which may become *involuntary,* of drab or ochre-coloured evacuations, enlargement, sensitiveness, and gurgling of the abdomen; excessive *prostration; thirst;* nearly imperceptible, intermittent pulse. This remedy is of priceless value, and its administration should be persevered with even in the most disheartening cases.

Carbo. Veg.—Offensive smells from the patient, *fœtid* evacuations; also cold extremities, cold sweats, and rapid sinking.

Mercurius.—Greenish or yellowish evacuations, but less serious Diarrhœa than described under the previous medicines; thickly-coated tongue; copious perspirations.

Bryonia.—Generally when constipation is present instead of diarrhœa. Pains which are markedly worse on movement.

Belladonna, etc.—When the brain is much involved, *Bell.*, *Hyos.*, or *Opi.* is required. These remedies may be administered by inhalation from boiling water, to which a few drops of strong tincture have been added. See Section on Typhus fever.

Terebenthina.—Hæmorrhage from the bowels, and retention of urine.

Acid.-Muriat.—Great nervous depression; stupor; sinking down in the bed; putrid sore throat, etc. It probably ranks next to *Ars.* in the gravest symptoms of low fever. For the throat it may also be used locally. *Ac.-Nit.* may also be of service in similar conditions.

Acid.-Phos.—Milder forms of Typhoid, especially for the nervous prostration; also after the severity of a bad attack has been moderated by other remedies.

SEQUELÆ.—During convalescence various affections are liable to arise, such as troublesome Cough, Indigestion, Headache, Deafness, etc. For these it is only necessary to suggest such remedies as are elsewhere prescribed. For *brain symptoms,* Bell., Hyos., Zinc., Opi., Rhus.; for *chest symptoms,* Phos., Bry., Iod.; for *Indigestion,* Nux V., Carbo V., Ign., Merc. *Deafness* usually disappears with the *general nervous prostration,* under the use of Ac.-Phos., China, or Chin.-Sulph. China also moderates the *excessive hunger* often experienced during convalescence, and is especially useful if there has been much waste of the fluids of the body. Lastly, Sulphur aids the *recuperative* efforts of nature, and may be administered for some time after the more specific remedies are discontinued.

ACCESSORY MEASURES.—The following points require special attention in nursing fever-patients; the reader is, however, requested to study the more detailed hints on nursing the sick (Sec. 33), and the various accessory measures that are described in Part II. Persons having the charge of extreme cases of illness should be familiar with the several accessories there indicated, as their efficient carrying out is second only to the administration of medicine.

1. *The Apartment.*—The patient should, if possible, be placed in a large, well-ventilated apartment provided with a window, door, and fireplace, so contrived as to allow of an uninterrupted admission of fresh air and the escape of foul air. A blazing fire also assists ventilation. The room should be divested of carpets, bed-hangings, and all unnecessary furniture. A second bed or convenient couch should be provided, so that, by removing the patient to it for a few hours every day, the fever atmosphere around his body may be changed. The light from the window may be subdued, and noise and unnecessary talking forbidden.

2. *Rest.*—The patient should be but little disturbed, and enjoy complete physical and mental rest during the whole course of the disease. The importance of this is proved by *post-mortem* examinations, which often show vigorous attempts on the part of neighbouring structures to limit, by union and adhesion, the results of perforation, obviously indicating the necessity of absolute rest throughout the disease. Any efforts made when the ulcers in the *ileum* are healing might affect that progress unfavourably, and even re-excite that morbid action which ends in perforation.

3. *Cleanliness.*—The body and bed-linen, including the blankets, should be frequently changed, and all matters discharged from the patient immediately removed. All excreta should be most carefully and thoroughly disinfected and the greatest care must be used over all bed linen, etc., that may have come in contact with discharges from the patient. The mouth should be frequently wiped out with a soft, wet towel, to remove the *sordes* which gather there in severe forms of fever. The water may contain a little of

Perfumed Carbolic Acid. The patient's body should be sponged over as completely as possible at suitable intervals with tepid or cold water, as may be most agreeable to his feelings, and quickly dried with a soft towel. The sponging may be done piece by piece, to avoid fatigue. *Carbolic Acid* may be added to the water,—three or four drops of the pure acid to a quart of water. Sponging the whole surface of the body with cold or tepid water should never be omitted in fever; it reduces the excessive heat, soothes the uneasy sensations, and is indispensable in maintaining that cleanliness which is so desirable in the sick-room. Water thus applied acts as a tonic, giving tone to the relaxed capillaries, in which the morbid action goes on. Frequent washing of parts pressed on with soap and water also tends to prevent *bed-sores* by keeping the skin in a healthy condition. Sponging afterwards with undiluted spirit such as whisky still further strengthens the skin. If bed-sores have formed, they should be dressed with *Hypericum Oil* and protected by *Arnica*, or *Calendula-plaster.*

4. *Hydropathic Applications.*—In addition to the sponging and washing just recommended, we have found the *abdominal wet-compress* of great utility. See p. 91. It tends to diminish excessive Diarrhœa, seems to check the spread of ulceration of the *ileum*, and so to obviate perforation. Should lung-complications arise, the compress should be applied to the chest as well as the abdomen. During the early course of the fever, the *wet-pack*, described, pp. 92, 93 is an invaluable application, and tends to give a mild character to the disease. Treatment by frequent cool baths in which the patient is immersed, has been used.

5. *Beverages.*—At the commencement of the fever, pure water, toast-and-water, barley-water, lemonade, or soda water, is nearly all that is necessary. Cold water is an agent of supreme importance; it lowers the excessive temperature, and proves a valuable adjunct to the medicines prescribed.

6. *Diet and Stimulants.*—In a disease which lasts three or four weeks, or sometimes five or six, in which the waste of tissue is great, and when common food cannot be taken, it is a point of high importance to supply the patient with appropriate nourishment otherwise he may sink before the disease has completed its course. The following are points requiring attention. Patients are often unable to swallow or relish nourishment in consequence of the dry and shrivelled state of the tongue, when it will be found necessary to soften the mucous lining by putting a little lemon-juice and water, or other acceptable fluid, into the mouth a few minutes before food is taken. All the ailments given should combine both food and drink in a *fluid* or semi-fluid form, until recovery has fully set in. The digestive functions being more or less completely suspended, the nourishment given must be only such as requires the simplest processes for its assimilation. The following are examples of this form of nutriment:—*Milk* (a most important article in the treatment of fever patients), *iced milk, thin arrowroot, with milk; wine-whey,* prepared by adding half a pint of good sherry to one pint of boiling milk, and straining after coagulation; *blancmange of isinglass or ground rice* (not gelatine); *yolk-of-egg,* beaten up with a little brandy, wine, tea, cocoa, or milk; *beef tea and meat broth* (a little thickened with well-cooked old rice, vermicelli, isinglass,

or a few crumbs of bread); and in some cases *alcoholic drinks.* The addition of two or three grains of *pepsine* to each cupful of milk or broth facilitates its digestion. Fruits are generally inadmissable.

A little good wine with an equal quantity of water may be given every hour or two, according to the requirements of individual cases. *Effervescent* wines must be avoided. But the effects of the wine or brandy should be *carefully watched by the medical attendant* and only given in proportion to the demands of the system, the bulk and force of the pulse being the main guides. Except in small quantities, stimulants are not required by children, nor by persons who can take a sufficient quantity of other kinds of nourishment, nor early in the disease. On the other hand, aged persons, and patients greatly prostrated, or with cold extremities, and livid surface, often require alcoholic stimulants. Under any circumstances, if stimulants aggravate existing symptoms, their employment should be modified or altogether discontinued.

Further, nourishment should be given with strict regularity; in extreme and long-continued cases of prostration, both day and night.

7. *Watching Patients.*—Fever patients should be attended and watched day and night. Their urgent and incessant *wants* require this, and their *safety* demands it. Instances have occurred of patients, in the delirium which so frequently attends severe fever, getting out of bed, and even out of the window, during the absence of the nurse, and losing their lives from injuries thus sustained.

8. *Moderation in Convalescence.*—Food should only be allowed in great moderation, and never to the capacity of the appetite, till the tongue is quite clean and moist, and the temperature, pulse, and skin have become natural. In Enteric fever, and in other conditions in which the bowels have been inflamed, this caution is especially necessary during convalescence. Solid food should not be given till the temperature of the patient in the morning and evening has remained, at least for two days, at about the natural point—98—99° F. The tongue may be moist and clean, and the appetite vigorous, but the Enteric ulcer yet unhealed. If the thermometer shows an evening temperature of about 101° F., with a morning temperature one or two degrees lower, solid meat might be sufficient to induce fresh irritation of the unhealed ulcer, fatal Hæmorrhage, or perforation. Not until the evening temperature has remained, for at least two successive days or more, below 99° F., can we be certain that the ulcers have healed, and that solid food may be allowed without risk. We have known solid meat given too early bring back the most severe features of the disease. If stimulants have been given, they should be gradually withdrawn as the quantity of nutritious food is increased. Even when convalescence has somewhat advanced, moderation should still be exercised, as the appetite is often excessively craving.

9. *Change of Air.*—The salutary influence of change of climate or scene to persons who have suffered from a serious attack of fever can scarcely be over-estimated; and if the place and climate be intelligently chosen, he happiest results may be anticipated. After recovery,

from a serious attack of fever, the whole man becomes changed, and there seems to be a renewal of youth. Nothing gives such a beneficial direction to this change, or renders it so perfect, as a temporary removal to a suitable climate and locality. We fully endorse Dr. Aitken's statement—*No man can be considered as fit for work for three or four months after an attack of severe Enteric fever.*

10. *Precautionary Measures.* To check the contagion :—(1) All discharges from fever patients should be received on their issue from the body into vessels containing a concentrated solution of Chloride of Zinc, or other efficient disinfectant, Jeyes' Fluid, or Perchloride of Mercury. (2) All tainted bed or body linen should immediately on its removal be placed in water strongly impregnated with the same agent. (3) The water-closet should be flooded several times a day with a strong solution of chloride of zinc; and some chloride of lime should also be placed there, to serve as a source of chlorine in the gaseous form. (4) So long as fever lasts, the water-closets should only be used as receptacles for the discharges from the sick, and disinfected as directed above.

Prevention of Enteric fever.—Architects and builders should provide for the ventilation of every house-sewer, by a pipe running up sufficiently high, so as to prevent injury to the occupants of the upper stories. Where the waste-pipe communicates with the drains, sewer-emanations are absorbed by the water in the cistern, and foul air admitted into the dwelling.

The ventilation of sewers thus becomes a matter of great importance, for, on account of the lightness of sewage gas, hurtful results have been shown to arise where sewers and drains are merely trapped, if provision has not been made for its escape at the highest outside elevation. At Croydon, at the Orphan Asylum at Beddington, and again at Eastbourne, numerous cases of Enteric fever occurred from the absence of proper sewer-ventilation. In some of these cases the sewer and house-drains have been found in good order, and properly trapped; the water, also, was pure; the source of mischief being in the absence of outside ventilation for the house-drains. It cannot be too forcibly impressed upon architects and builders that sewerage-traps are useless when the gas has reached a certain pressure, for it will force them. But with proper outside ventilation the communicating house drains can never store in them as much sewer-gas as will suffice to force a properly made trap.

As to the regular *flushing of drains* which has been recommended, the late Sir Edwin Chadwick wrote :—Those who talk of drains or sewers being good which require to be regularly flushed do not know what good drainage is. Good tubular sewers or drains should be so constructed in size, form, and inclination as to run off water, and thus to be self-cleansing, and to be always clear of deposit.

42.—Relapsing Fever.

This disease—sometimes called *famine-fever*, and in Germany, *hunger-pest*—is not common in England, but has been epidemic in Dublin, Edinburgh, Glasgow, and Liverpool. Some years ago it was very prevalent and fatal in Liverpool, Glasgow, and other places where overcrowding prevailed. It does not occur in tropical climates, or on the Continent, except in some of the

German territories, and the Crimea, where it attacked our army during the Russian war. It has occurred in North America. To-day (1922) it is quite a rare disease.

CAUSE.—It is due to the action of a definite germ (*a spirillum*), but its victims are almost universally in the lowest social rank—ill-fed, occupy crowded, filthy, ill-ventilated houses, and enjoy but few comforts. In the latter part of 1871 relapsing fever made its appearance in Liverpool, and spread rapidly in the crowded and dirty parts of the town. Indeed, it was almost limited to the class in which a single room serves as the abode of a family. It ranks next to Small-pox in contagiousness; it is, however, seldom fatal, except in enfeebled and complicated cases. Typhus fever frequently accompanies or follows it.

SYMPTOMS. The seizure is sudden: there are rigors and headache even more severe than that of the invasive stage of Typhus, but the prostration is much slighter. There are, also, pains in the muscles and joints resembling those of Rheumatism. After a short time violent reaction sets in, with a great heat of skin, headache, throbbing in the temples, intolerance of light and sound, and sleeplessness; anxious expression of the countenance; rapid pulse—110 to 140; white-furred tongue, thirst, and, perhaps, vomiting, or even Jaundice. The temperature is from 102° to 107°; and at the height of the fever Delirium may occur. Sweating may come on without relief. About the seventh day from the commencement the symptoms suddenly abate, the *crisis* being indicated by *profuse perspiration*. Sometimes a miliary eruption occurs; or Bleeding from the nose, Diarrhœa, menstrual discharge or Hæmorrhage from the bowel; after a few hours there is an abrupt cessation of all bad symptoms; the patient feels much better, and appears to improve rapidly for four or five days; when about the seventh day from the last attack, or the *fourteenth* from the commencement, a *sudden*

Relapse occurs—a repetition of the first attack. Perspiration again comes on in from two to five days in favourable cases. The sweat has a very sour and peculiar odour. In other instances, however, uncontrollable vomiting, great thirst, very rapid pulse, Jaundice, Delirium, and death may terminate the case (*Aitken*).

Sequelæ.—The most common are Pneumonia, Bronchitis, Hæmorrhages, excessive rheumatic pains in the limbs; sometimes the kidneys are involved; the dangers are similar, in some respects, to those attending *Scarlatina.* A species of Ophthalmia is a frequent consequence. Abortion often ensues.

TREATMENT.—*Aconitum.*—Rigors, followed by feverishness, especially in the first stage.

Bryonia.—Nausea, vomiting, and sensitiveness of the abdomen; sallow, anxious countenance; throbbing and heat of the head; rheumatoid pains from movement; perspiration. It may follow *Acon.* Dr. Kidd, who had great success in an epidemic of the disease in Ireland, relied chiefly on *Bry.*

Arsenicum.—In Liverpool, during the epidemic of 1870-71, *Ars.* was found of special value during the seizure in a large number of cases. *Nux V.* was given between the attacks. When the rheumatoid pains were excessive, *Eup.-Per.* was very useful.

Baptisia.—Typhoid symptoms. Dr. Dyce Brown has found it to hasten the critical sweat, when *Acon.* was useless.

Gels., *China*, *Rhus. T.* and *Podoph.* are sometimes required, or *Phos.*, or *Ac.-Phos.* during convalescence.

Prophylactics.—*Camphor* and *Nux Vom.*

Accessory Treatment.—See pp. 106-110, 169-176.

43.—Simple Continued Fever (*Febricula*).

The term *Fever* includes various forms of disease in which there are—shivering or chilliness succeeded by preternatural heat, quickened pulse, muscular debility, and general functional disturbance. This morbid condition accompanies many diseases as one of their phenomena, and is then called *Symptomatic* fever, as in Phthisis, Abscesses, etc. ; but under certain circumstances we meet with *Idiopathic* or *Essential* fevers, which are independent of any local inflammation, as Enteric and Typhus, which are the result of specific germs. Again, fever may be of an *ephemeral* character, dependent on some cause, which is merely sufficient to produce febrile disturbance without further mischief, as *Simple Continued fever* and *Febricula*. It must be held to be due to some definite infection against which however the body resistance is sufficiently good to prevent the development of other symptoms.

SYMPTOMS.—Simple Continued fever is usually ushered in by chills, or alternate chills and flushes, followed by burning heat and dryness of the skin ; full, quickened pulse ; dryness of the mouth, lips, and tongue—the tongue being red or coated white ; thirst ; and high-coloured, scanty urine. These may be accompanied by pains in the loins, Headache, loss of appetite, hurried breathing, Delirium, etc. Most of the symptoms are usually more severe at night. *Profuse*

erspiration, bleeding of the nose, Diarrhœa or
erpetic eruptions, are generally associated with the
ecline of the fever, and the patient is left weak, but
therwise well.

Duration.—This fever lasts from one to three days,
r longer. When the symptoms disappear in twelve or
wenty-four hours, it is said to be *Ephemeral.* But
evere forms of the disease may be the precursors of
yphus, Pneumonia, Acute Rheumatism, etc. During
pidemics, cases of simple fever occur which are to be
egarded as abortive cases of the epidemic prevailing.

Causes.—Great, sudden changes of temperature;
amp linen or houses; poor or insufficient diet, or,
n the other hand, overfeeding; inebrity; injuries;
xposure to foul odours or sewer gas; the action of
mall or uncertain quantities of specific poisons, as of
nteric or Typhus poisons; mental or bodily fatigue
r excitement; or any circumstances which shock the
ervous system. It may also be associated with various
ocal or functional disturbances, as Bronchial or Gastric
atarrhs, Milk fever, etc. All these are to be regarded
ainly as concomitant and determining factors. The
ctual process which results in the fever is often obscure
nd no doubt varies in different cases.

Treatment.—*Camphor.—Sudden seizure of chilli-*
ess; shivering, with lassitude, and general indispo-
ition which has come on rapidly. Two drops of the
trong tincture of *Camphor* on a small piece of loaf
ugar, or two or three pilules, repeated every fifteen
inutes, three or four times.

Aconitum.—Alternate chills and flushes, hot and dry
kin, sneezing, etc. A dose every two hours, or in
rgent cases, every thirty or forty minutes, until the
kin becomes moist and the pulse less frequent. Should

the attack be one of *Simple* fever merely, this remedy will be rapidly effectual ; if it be the precursor of a more severe disease, it is still the best remedy at this stage.

Belladonna.—Violent Headache ; redness of the face ; confusion of ideas ; a wild, fiery appearance of the eyes ; throbbing of the blood-vessels in the temples ; wakefulness, nocturnal Delirium, or other cerebral symptoms. It may follow or be alternated with *Acon.*

Bryonia.—Heavy stupefying Headache, aggravated by movement, with a sensation as if the head would burst ; Cough and oppressed breathing ; oppression at the pit of the stomach, yellow-coated tongue ; nausea, Constipation, brown or yellow urine ; shooting pains in the limbs ; irascibility.

Arsenicum.—Severe or prolonged cases of *Febricula,* with much prostration, especially when the symptoms have a *periodic* character, or occur in feeble patients.

If the symptoms do not yield to the remedies prescribed, but increase in severity when they are expected to be declining, the case will probably prove to be one of Enteric fever.

ACCESSORY TREATMENT.—The patient should be protected from too much light, heat, noise, company, too many or thick bed-coverings, and everything likely to cause excitement or prevent sleep. In the early stage of the fever, the adoption of the *hot foot-bath,* described p. 92, or the *wet pack,* pp. 92-93, often restores the equilibrium of the system, or, at least, hastens the cure. Water should be the principal beverage, given in small, frequently repeated draughts ; it encourages perspiration, and promotes the favourable action of the baths just described.

44.—Asiatic Cholera—Malignant Cholera.

In this disease, which resists the efforts of the old ystem, Homœopathy has won brilliant and undying riumphs. Its success in the prevention and cure of holera, and other violent diseases has contributed reatly to its rapid spread in every part of the world. Parliamentary return, dated May 21, 1855, entitled Cholera," testified that by the Homœopathic treatient of Asiatic Cholera in hospital, the death-rate was 6.4 per cent., while, according to the aggregate tatistics of the other (Allopathic) hospitals, it was 9.2 per cent.*

Cholera is always more or less prevalent in India, nd there its Homœopathic treatment has made great trides amongst the Native practitioners and students.

The history of Cholera furnishes a beautiful practical lustration of the worth of that fundamental principle f Homœopathy, namely, that we must ascertain the owers of medicines by testing them upon the healthy ody, before they can be properly applied to the removal f disease. Possessed of this knowledge, a medical man an treat a perfectly new disease, or one with which he totally unacquainted, the symptoms of which correpond with those of any medicine previously so tested. hus Hahnemann, from a mere description of the ymptoms of Cholera, and before he had seen a single ase, selected from his Materia Medica those very emedies which have been so triumphantly successful the hands of his disciples.

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* In an article some years ago, entitled "Cholera in the etropolitan Hospitals," the *Lancet* states, "It is a melancholy fact record, but at the time of our last visit no case of undoubted cholera d recovered."

Definition.—Malignant Cholera, a disease (often epidemic), dependent on a bacillus, and *communicable* from one person to another, usually through the medium of the water supply, is generally ushered in by premonitory *painless* Diarrhœa, and accompanied by *sudden prostration*, tremors, dizziness, *spasm of the bowels and limbs*, faintness, *profuse* serous (rice-water) or bloody *alvine discharges*, *Vomiting*, burning heat at the stomach, *coldness and dampness of the whole surface of the body, cold tongue and breath, unquenchable thirst*, feeble rapid pulse, extreme restlessness, oppressed breathing, *albuminous or suppressed urine*, blueness of the body, sunken and appalling countenance, *peculiar odour* from the body, *collapse*, and finally—unless reaction comes on—death (*Aitken*).

Cause.—It is made out with reasonable certainty that the germ of Cholera is the comma-shaped bacillus isolated and described by Dr. Koch.* All are agreed in regarding the disease as a most serious one. In India and other Asiatic countries it is especially sudden and fatal. Instances of death taking place in two, three, four, or more hours are extremely common. The experience gained during former visitations of Cholera teaches us that it seizes the poor in a far greater proportion than the rich, that the most potent conditions favourable to its spread are poverty, over-crowding, filth, intemperance, and *impure water*; and that as we prevent the accumulation of filth, foul air, and other causes of general disease, and supply the people with wholesome food and pure water, so we render inoperative the powerful agencies by which this dreaded disease chiefly spreads.*

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* For a fuller discussion of the history, nature, and treatment of Malignant Cholera, see *Homœopathic World*, vol. xxviii. pp. 197, 201, 293, etc.; also Cholera, Diarrhœa, and Dysentery, by Dr. J. H. Clarke.

EPITOME OF TREATMENT.—

1. *Premonitory Diarrhœa.*—Rubini's Camph.*

2. *Invasive stage.*—Rubini's Camph., or Acon. (strong incture in drop-doses).

3. *Fully-developed Cholera.*—If Camph. be insufficient –Ars., Verb.-Alb., Cup.-Ac., Ipec., Ammon.-Sulph.

4. *Collapse.*—Ars., Acon., Carbo V.

5. *Typhoid Conditions.*—Phos., Ars., Carbo V., Ac.-Nit., Cup.-Ac.

6. *Convalescence.*—China., Ac.-Phos.

7. *Prophylactic.*—Camph., Cup.-Ac.

GENERAL INDICATIONS.—*Camphor,* at frequent ntervals, directly the first symptoms of Cholera—Diarrhœa, chilliness, and spasmodic pains in the bdomen—are noticed. It is often sufficient to cure he disease *immediately* in that stage. Should the isease have much advanced before the use of *Camph.*, dminister

Aconitum.—Dr. Hempel found this remedy eminently seful, during the first invasion of the disease, in estoring the pulse and rousing the vital reaction enerally. The 1*x*, or strong tincture, should be given. Our own experience with *Acon.*, during an epidemic, when we prescribed it in several cases of Diarrhœa with reat pain in the bowels, coldness of the body, and adaverous appearance, fully confirms the foregoing tatement.†

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* Rubini's Camphor consists of equal parts by weight of Camphor nd Spirits of Wine, 60° O.P.

† As an illustration of the value of *Acon.* in Cholera, we mention the llowing facts from our own practice. Some years ago we prescribed, r a patient at a little distance, *Acon.* in a low dilution for severe pain the abdomen. The medicine produced such striking results in his wn case, that, having a large portion to spare, he gave doses of it to his ends when they suffered in a similar manner. Finding the remedy useful in relieving acute pain, he asked us to give him a supply of it

Arsenicum.—Cramps, Suppressed urine, and *sudden extreme prostration,* the last symptom being more marked than the profuseness of the discharges. A dose every thirty to sixty minutes.

Veratrum.—Excessive Vomiting and Diarrhœa, with Cramps.

Cuprum.—Cramps, with vomiting and a cyanotic condition.

The remedies most suitable in COLLAPSE and in the TYPHOID CONDITION into which Cholera patients often pass, have already been indicated. For detailed symptoms, see the *Materia Medica,* and the section on *Enteric fever.*

ACCESSORY MEANS.—***Absolute rest*** in the recumbent posture, from the very commencement of the Diarrhœa. ***A hopeful and cheerful state of mind*** should be fostered; a presentiment of death being unfavourable.

The sick-room should be warm but well-ventilated; and the heat of the body maintained by friction, hot bottles, etc. Ice and iced water may be given freely; no food, much less stimulants; enemata of warm milk often repeated, though rejected, are beneficial. The return to ordinary diet should be slow. Evacuations, bedding and clothing should be disinfected. See Section on Nursing.

PREVENTIVE TREATMENT.—When Cholera is epidemic, *Rubini's Camphor* should be taken once or twice a day, in doses of two or three drops on sugar, The *simple diarrhœa* which often precedes Malignant

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to keep in readiness. At this time Cholera broke out in the village, and, although he did not know the name of the remedy, he gave it to as many as he found suffering from Cholera, taking the pain in the abdomen as the indication for its use. Death from Cholera occurred in the village, but in every instance patients who had *Aconite* quickly recovered.

olera should be promptly met. Dr. J. H. Clarke ys that if the person is much exposed to the disease e drop of *Cuprum Acet.* 3*x* should be given night d morning in a little water. *Camph.*, *Ars.*, or *con.*, may be prescribed according to the indications.

Sanitary and Hygienic Measures.—The following cellent advice has been given, and should be adopted the earliest indications of Cholera :—

The house should be well aired, especially the sleeping artments, which should be kept dry and clean.

All *effluvia* arising from decayed animal or vegetable bstances ought to be got rid of ; consequently, *sspools and dustholes should be cleaned out, and water-sets and drains made perfect.*

All exposure to cold and wet should be avoided, and *no account should any one sit in damp clothes, par-ularly in damp shoes and stockings. Care should be ken to avoid chills or checking perspiration.* Clothing ust be sufficient to keep the body in a comfortable d even temperature.

Habits of personal cleanliness and regular exercise in e open air should be cultivated ; also regularity in e periods of repose and refreshment ; anxiety of ind and late hours should be avoided.

The diet should be wholesome, and adapted to each dividual habit. *Every one should, however, be more an ordinarily careful to abstain from any article of od (whether animal or vegetable) which may have dis-dered his digestion upon former occasions, no matter w nutritious and digestible to the generality, and to oid all manner of excess in eating and drinking.*

Raw vegetables, sour and unripe fruits, cucumber, lads, pickles, etc., should not be allowed.

Wholesome varieties of ripe fruits, whether in their natural or cooked state, and vegetables plainly cooked, may be taken in moderation, by those with whom they agree.

45.—Diphtheria.

DEFINITION.—A specific, contagious, and sometimes epidemic disease, dependent on the growth of a specific bacillus in the throat (Klebs-Löffler), and the poisoning of the system by its toxins, in which there is exudation of lymph on the lining of the mouth, fauces, and upper parts of the air passages, or, occasionally, on an abraded portion of the skin, attended with general prostration, and sometimes remarkable nervous phenomena.

As just described, it is a general disease, manifesting local distinctive symptoms. It would be incorrect in theory, therefore, and might lead to grave errors in treatment, if the attention were concentrated on the local mischief, rather than in attempting to cope with the whole systematic depression.

SYMPTOMS.—Diphtheria is divisible into two classes, simple and malignant. In the *simple* variety, happily the most common, the symptoms are at first so mild as to excite little complaint beyond slight difficulty of swallowing, or pain in the throat, burning skin, pains in the limbs, etc., and is readily cured by one or more of the following remedies. *Malignant Diphtheria* is ushered in with severe fever, rigors, vomiting, or purging, sudden great prostration and restlessness, anxious countenance, etc., pointing to some overwhelming disease, under which the system is labouring. The skin is hot, the face flushed, the throat sore, and

he mucous membrane bright-red ; the tonsils are
wollen, and grey or white patches of deposit appear on
hem, small at first, but gradually enlarging, so that
ne patch merges into another, forming a false mem-
rane in the throat, rendering swallowing and even
reathing difficult. In some cases, the false membrane
as been detached, and after extreme efforts ejected,
resenting nearly an exact mould of the throat. The
xudation of Diphtheria may be distinguished from
slough by its easily crumbling, by the facility with
hich it can often be detached, and by the surface
hus exposed being red, but not ulcerated. The false
embrane looks like dirty wash-leather ; and between
and the true membrane an offensive bloody discharge
xudes, imparting to the patient's breath a most repul-
ive odour. The glands of the neck are always enlarged,
metimes pain is felt in the ear, and there is generally
tiffness of the neck ; the inflammation is liable to
xtend rapidly, in consequence of the continuity of the
ning membrane of the throat, with the mouth, nose,
ind-pipe, and even the air tubes of the lungs. If the
isease progress, the patient passes into a stupor, and
e difficulty of swallowing or breathing increases, till
e false membrane is forcibly ejected, or the patient
ies from suffocation, the exudation blocking up the
r-tubes ; or, more frequently, he sinks from exhaus-
on, similar to that observed in *Enteric fever.*

DANGEROUS SYMPTOMS.—Increased fœtor of the
reath, a quick, feeble, or very slow pulse ; persistent
omiting ; drowsiness and Delirium ; bleeding from
e nose ; extension of the disease to the lining of the
se ; dyspnœa ; suppressed or albuminous urine ;
crease of temperature.

DIAGNOSIS.—The diagnosis of Diphtheria depends on the discovery of the bacillus and from all suspicious sore throats a swab should be sent for bacteriological examination. The disease which used to be called Croup, is an affection of the larynx, either due to diphtheria affecting that organ, or (Spasmodic Croup) to a spasm of the vocal cords dependent on other causes. The name croup should now be given up. Follicular Tonsillitis may be mistaken for Diphtheria. There is no true membrane in this disease, but as mild cases of Diphtheria can exist without much membrane formation, the bacteriological test is the satisfactory one.

Causes and Mode of Propagation.—The specific poison of Diphtheria is now generally acknowledged to be a specific bacillus, called after the two men who had most to do with isolating and describing it, the "Klebs-Lœffler bacillus." The severity of an attack depends largely on the resistance powers of the patient which may be diminished by unfavourable surroundings. Indeed, it can live in throats that give no sign of disease, and can thus be carried about by apparently healthy people till it gains access to a susceptible subject and causes obvious disease. It commonly occurs as an *epidemic*, and a solitary case may prove a focus for spreading the disease.

Sequelæ.—After a short period of convalescence—a few days to one or two weeks—sequelæ are apt to arise, usually of disordered innervation, varying from defective nervous power in one or more sets of muscles, to a more or less perfectly defined *Paralysis*. Nerves about the throat, the seat of the local manifestations of the disease, are especially liable to suffer, causing chronic difficulty in swallowing, Hoarseness, etc. The most alarming is loss of nervous power of the heart, with feebleness of action, or, in extreme cases, complete cessation. But recovery from the sequelæ is usual, though it is generally tedious.

EPITOME OF TREATMENT.—

1. *Mild Cases.*—Acon., Bell., or Bapt., at the commencement; afterwards, if necessary, Merc.-Iod., or Ac.-Nit.

The treatment recommended in the Sections on *Quinsy* is often sufficient in Diphtheria, if used early.

2. *Malignant Diphtheria.*—Merc.-Cyan., K.-Permang., Ac.-Mur., K.-Bich., Ars., Ammon.-Carb., Laches., Lycop.

3. *Sequelæ* —Phos.; Phyto. (*Hoarseness, etc.*); Coni., Gels., Rhus, Sulph.; Dig. (*enfeebled heart*); China or Quin. (*debility*).

SPECIAL INDICATIONS —*Belladonna.*—Mild cases rapidly recover, and more severe cases often yield under this remedy, when perseveringly administered in the 1*x* dilution. Hughes recommends a freer resort to the aid of *Bell.*, but very properly adds, that if decided improvement have not resulted within forty-eight hours of commencing its use, or if the symptoms yield at first to the remedy, but soon return, there is no advantage in persevering with it.

Acid.-Mur.—Malignant Diphtheria, with foul, greyish ulceration of the throat, fœtid breath, and great general prostration. This remedy should be used in a low dilution, in frequently repeated doses; and locally as a paint to the throat, or as a gargle, when the patient is able to so use it.

Merc.-Cyan.—Introduced by Dr. Beck, of Switzerland, and first used on the person of Dr. Villers, of Dresden, who recovered by its aid from a desperate attack, and survived to cure large numbers of patients with the same remedy in after life. He gives it mostly in the 30th potency. The indications are the membrane, fœtor, great prostration of vital powers. It is perhaps the most generally useful drug.

Merc.-Iod.—This remedy has proved of great value in the disease, and should be administered as soon as any diphtheritic patches are observed in the throat, or swelling of the glands of the neck. Difficult swallowing, pain in, and swelling of, the salivary glands, and *putrid* sore throat, indicate this remedy. The 1*x* or 2*x* trituration is the strength on which we place the greatest reliance in this disease.

Kali Permang.—Malignant Diphtheria, with extensive swelling of the throat and cervical glands; pseudo-membranous deposit, partially or completely covering the fauces; obstructed swallowing; a thin, or muco-purulent discharge from the nose, excoriating the parts; thick, obstructed speech, and very offensive breath. "There is no remedy with which I am acquainted that will so rapidly and surely remove the offensive odour of the diphtheritic breath as the *Permanganate.* In this respect the *Chloride of Potash* closely resembles it" (*Dr. H. C. Allen*).

K.-Permang., *K.-Chlo.*, *Condy's Fluid*, or *dilute Carbolic Acid*, should be used as a gargle or wash to the affected parts; or administered by *inhalation*, or the *spray producer.*

Baptisia and *Phytolacca.*—Both these American remedies are strongly recommended in Diphtheria; the former has a more specific relationship with the blood-poison, and the latter with the local effects of the disease.

Arsenicum, in the last stages of the disease, is of immense value, particularly when the prostration of ength is very marked, or is increasing; when there e—œdema, putrid odour of the throat and air-ssages, and tenacious fœtid discharge from the lining embrane of the nostrils.

Ammon.-Carb. is also a valuable remedy in malig-nt cases, and may be administered alternately with s.

Lachesis is indicated when the affection begins on e left side of the throat and spreads to the right. tolerance of any pressure about the neck is a good mptom for this drug.

Lycopod. has the opposite characteristic of spreading m right to left. Both this drug and the last are of eat value in Diphtheria.

ANTI-TOXIN.—After the discovery of the Diphtheria cillus it was found by Professor von Behring and . Roux that it was the toxin manufactured in the roat that gave rise to the constitutional symptoms, d that the body resists this toxin by developing a utralizing substance called anti-toxin. By appro-ate procedures anti-toxin can be developed in the od serum of the horse. This serum can then be moved and injected into those suffering from phtheria, thus supplying anti-toxin to the patient ly in the disease. The great majority of physicians of opinion that this so-called anti-toxin treatment of the greatest value. It can be used simultaneously h drug treatment. The great point to remember hat it should be given early, as soon as the disease ecognized.

OCAL TREATMENT.—A very abundant and fœtid se membrane is liable to reinfect the system second-y, and hence such solvents and deodorizers as *-Mur.*, *K.-Permang.*, *Glycerine*, *Ac.-Acetic*, and especially *dilute Carbolic Acid*, are of the greatest value.

Tracheotomy has sometimes to be performed, when the larynx is obstructed with the development of membrane. Any laryngeal case needs most careful watching for obstruction, and the moment that the recession of the inter-costal spaces on inspiration becomes at all marked, this is an indication of real laryngeal obstruction and the operation should not be delayed. Tracheotomy should never be put off till the patient is *in extremis*.

WARM VAPOUR.—The temperature of the room should be maintained at 68° F. It is often recommended to use a steam kettle to keep the air moist near the patient. This is seldom desirable, and should only be done at the direction of the physician in charge.

WARM BATHS.—These are valuable accessories. The skin is hot and dry, the urine is often suppressed, the bowels confined, and thus the poison is retained in the system. Warm baths, and the free use of cold water as a beverage, often restore the functions of the skin, the bowels and the bladder.

ICE.—If vomiting occur, constantly sucking small pieces of ice tends to allay it ; it also affords comfort to the patient by checking the secretion of mucus, and, as a diluent, favours the action of the kidneys.

DIET, ETC.—From the very commencement of the disease the strength of the patient must be well sustained by nourishment, and he must be urged to swallow it in spite of the pain which it occasions. Eggs beaten up in milk, or in brandy with water and sugar; beef-tea, slightly thickened with rice or pearl-barley; arrowroot or sago, with port or sherry. Sudden extreme prostration requires wine or brandy.

Children who persistently refuse to swallow must ve nutritive injections in bad cases. Dr. Kidd commends the yolk of an egg beaten up with a table- poonful of new milk, and two teaspoonfuls of fresh ence of rennet, or an ounce of extract of beef with scruple of pepsine. Injections (about one ounce at ime) should be commenced, if necessary, immediately e true character of the disease is recognized, and peated every two to four hours.

Convalescence.—Much caution and patience are quired during convalescence, as relapses are prone to cur. Especially the danger of sudden heart failure ust be remembered, and sudden movements pro- bited, while a most careful watch is kept on the rdiac condition. Nourishing diet, rest, and change air are of great utility. Nothing does so much good a thorough change of air.

Preventive Measures.—The cesspools should be mptied, and if too small or defective, new ones built. he house, water-closets, and local drainage should be oroughly examined, and imperfections scrupulously ctified ; for the popular association of diphtheria th defective drainage is so far correct that any sewer s poisoning is apt to cause pharyngitis that may nder the throat an easier breeding ground for the cillus. All dustholes and accumulations of refuse ould be cleared away ; while a plentiful supply of water ould be kept in the house, and every room regularly ll cleaned, whitewashed and thoroughly ventilated.

46.—Whooping-Cough (*Pertussis*).

Definition.—A paroxysmal cough of an epidemic d contagious nature, consisting of a series of short, spasmodic, forcible expirations, followed by deep, prolonged inspirations, attended with a peculiar sonorous sound called the " hoop," " whoop," or " kink," the paroxysms terminating in expectoration or vomiting.

It is principally a disease of infancy and childhood, and in delicate constitutions is a distressing malady. One attack generally insures immunity for the rest of life.

SYMPTOMS.—Whooping-cough is generally preceded by a common cold,—cough, feverishness, etc. After from seven to ten days of the catarrhal stage, the cough becomes louder, more prolonged, and assumes the characteristic convulsive character. Each paroxysm consists in a number of sudden, violent, and short *ex*piratory efforts or coughs, which expel so large an amount of air from the lungs that the patient appears on the point of suffocation : these forcible efforts are followed by a deep-drawn *in*spiration, in which a rush of air through the partially-closed glottis gives rise to the distinctive crowing or whooping noise. This *whooping* is the signal of the patient's safety, for when suffocation does take place, it is before the *crowing inspiration* has been made. During the paroxysms the face becomes deeply red or black, and swells ; the eyes protrude, and are suffused with tears ; and the expression and appearance of the sufferer are such as as apparently indicate imminent suffocation. The paroxysm terminates by the expectoration or vomiting of a considerable quantity of glairy, ropy mucus, almost immediately after which the child returns to his amusements, and appears quite well. The ropy kind of expectoration which follows the cough enables us to distinguish it from common cough even before the whoop has been heard. The attacks recur three or four times a day, or every three or four hours, or oftener; sometimes blood escapes from the nose, mouth, and even from the ears, during the fits.

Diagnosis.—It should be distinguished from "Laryngismus Stridulus" or "Spasmodic Croup." In Whooping-cough the "whoop" *follows* the cough; n Spasmodic Croup it precedes it, when present; but cough is not an essential symptom of Laryngismus Stridulus.

Cause.—A specific bacillus transmitted by the air and by *fomites*,* and spreading by infection. As an nfectious disease it is most dangerous to the unaffected when at the height of its development. A frequent source of infection occurs when there has been partial recovery followed by mild relapse, and the disorder s transmitted to others to be developed in its worst form.

Complications.—Whooping-cough may be complicated with Small-pox, Measles, Bronchitis, Pneumonia, Pericarditis, etc. It is therefore desirable that the chest should be examined regularly during the disease by *percussion* and *auscultation*, especially in obstinate cases, so that any complications may be early met. Convulsions are liable to occur if teething be in progress at the time. If there exist a predisposition to Tubercle, Whooping-cough may hasten its development.

Treatment.—The ordinary course of Whooping-cough—six weeks to three months, or much longer—may be greatly abridged, and its intensity moderated, by homœopathic remedies. As it begins with a common cold, medicines for its early treatment may be found in the Section on "Cold in the Head," and "Cough."

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* Whooping-cough was some years ago introduced into St. Helena, where it proved very fatal; the captain of a ship, having some children abouring under the disease on board, allowed their dirty linen to be ent on shore to be washed, and so introduced the disease among the nhabitants (*Aitken*).

EPITOME OF TREATMENT.—

1. *Premonitory febrile symptoms.*—Acon., Bell., K.-Hydriod., Ac.-Carbol.

2. *Developed Whooping-cough.*—Arn., Dros., Coral.-Rub., Ammon.-Brom., Cocc.-Cac., Cupr.

3. *With gastric symptoms.*—Ipec., Puls., Ant.-T., K.-Bich.

4. *With convulsions.*—Cup., Bell., Opi., Ac.-Hydrocy.

5. *With lung complications.*—Acon., Phos., Bry., Ant.-T., Laurocer.

SPECIAL INDICATIONS.—*Aconitum.*—Dry, hard, or wheezing cough, with burning pains or tickling in the windpipe, most severe at night, dry heat of the skin, scanty, high-coloured urine, general febrile symptoms.

Arnica.—The child cries before the cough comes on; also during the cough. Streaks of blood in sputum. Rupture of blood-vessels in conjunctival membrane of the eye.

Belladonna.—Sudden, violent cough, *worse at night*, with *sore throat*, determination to the head, effusion of blood in and around the eyes, Epistaxis, etc. In the usual course of Whooping-cough it may follow *Aconitum.*

Drosera.—Whooping stage, with frequent and excessively severe paroxysms of hoarse, loud cough, sometimes with hæmorrhage from the mouth and nose; there may be no fever, or it may be intense, with perspiration, vomiting of food, water or slimy mucus. *Drosera* is generally efficient in epidemic Whooping-cough, except in delicate children, who require careful treatment. A dose after every fit of coughing till improvement takes place.

Ipecacuanha.—Vomiting of mucus or food and other *gastric* symptoms ; sneezing ; watery or bloody discharges from the eyes and nose ; violent cough which threatens suffocation.

Veratrum.—The mucous rattle begins low down in the chest, with tickling irritation, constriction of the larynx, fever thirst, extreme *weakness, cold perspiration,* bluish face, protruding eyes, anxious expression, involuntary escape of urine or fæces during the height of the cough, and vomiting of large quantities of mucus at the end of the paroxysm.

Cuprum.—Violent forms of Whooping-cough, causing *Convulsions ;* the body becomes rigid, the cough suffocating, and the breath nearly suspended during the paroxysms, which occur frequently, and are followed by Vomiting, great prostration, and slow restoration.

Opium.—Irregular breathing, constipation, stupor : also when a remedy, well indicated, does not produce the desired results. In the latter case, a few doses will suffice.

Phosphorus.—Whooping-cough, complicated with *diseases of the Chest,* fever, pain, etc.

Cina.—Whooping-cough with *worm symptoms*—paleness, picking of the nose, itching of the anus, irregular appetite, etc.

Sulphur.—Whooping-cough on the decline : this may be recognized by the phlegm losing its tenacious character and becoming opaque. (See also *Puls.* and *Carbo.-V.*)

DIET.—Light, digestible, nutritious food in moderate quantities ; stimulants should be avoided. Indigestible, or too large a quantity of food, is almost certain to excite a paroxysm. Toast-and-water, barley-water, or linseed-tea, varied to meet the patient's taste, are grateful and soothing. (See Sec. 24.)

ACCESSORY TREATMENT.—It is necessary to treat children with great consideration, and to overlook many of their derelictions; as violent emotions, or fits of anger, add to the severity and frequency of the paroxysms. Infants must be constantly watched, taken up as soon as a fit comes on, and placed in a favourable posture. *Frictions* with olive oil, or simple liniment, over the chest and along the spine, for ten or fifteen minutes, morning and night, in a comfortably warm room, without currents of air, are often of great efficacy. During fine, warm weather, the patient should be much in the open air, but damp, cold, and exposure to draughts should be strictly avoided. In obstinate cases, and in convalescence, *change of air*, if only for a short distance, proves very beneficial. If possible, mountain or sea-air, or pure country air, should be chosen, as it acts favourably by removing irritation of the nervous system, and completing restoration.

47.—Tetanus—Lockjaw.

DEFINITION.—A disease characterized by contraction of voluntary muscles, general or partial, alternating with relaxation more or less complete, arising from the poisoning of the motor centres of the spinal cord by a bacterial toxin.

CAUSE.—Tetanus is due to the invasion of the body by a bacillus, which can flourish in earth and gains entry into the body through a wound. Even a scratch may be sufficient. It grows in the body and the toxin which results from its growth poisons the spinal motor centres and causes the disease symptoms.

SYMPTOMS.—There may be premonitory indications of an attack, such as fear, or sense of impending danger, or a disturbed state of the digestive organs. But the unmistakable symptoms soon appear, namely, inability to open the mouth fully (*Lockjaw*) ; painful expression of the countenance, convulsed or fixed features, the corners of the mouth being drawn up (*risus sardonicus*). When fairly set in, the Spasms of the voluntary muscles are of the most violent character, with much pain, and partial remissions. The pain is of that kind which attends ordinary Cramp in the muscles, as of the legs, and is usually very severe. The breathing becomes loud and sobbing ; if the muscles of the trunk are affected the body is jerked forwards (*emprosthotonus*), or backwards (*opisthotonus*), or is perfectly rigid (*tonic Spasm*), like a piece of wood. The mind continues clear ; and when death ensues, it is from exhaustion consequent on the frequency of the tetanic Spasms or more frequently from Spasm of the respiratory muscles and asphyxia.

EPITOME OF TREATMENT.—

Nux. V. (or *Strychnia*), *Acon.*, *Bell.*, *Ac.-Hydrocy.*, *Arn.*

The remedy should be given in a low dilution, and administered every few minutes as soon as the first indications are noticed. The toxin of tetanus excites the body to manufacture an antidote, the tetanus antitoxin. This substance can be artificially produced in horses, and the blood serum containing it can be injected into sufferers from the disease in a way similar to that adopted for Diphtheria antitoxin. This should be done in addition to other treatment, and proved very successful during the Great War, if given early as a prophylactic.

48.—Hydrophobia*—Rabies.

DEFINITION.—A disease resulting from the bite of a rabid animal, or from its licking an abraded portion of the skin, the chief characteristics of which are, severe constriction about the throat ; spasmodic action of the diaphragm ; a peculiar difficulty of swallowing, and consequent dread of fluids ; anxiety and restlessness ; followed by exhaustion, delirium and death.

SYMPTOMS OF RABIES IN THE DOG.—According to Youatt, the earliest are—sullenness, and frequent shifting of posture ; loss of appetite ; lapping his own urine ; disposition to lick cold surfaces, to eat straws, *excrementitious* matter, and other rubbish, and fighting with its paws at the corners of his mouth. A very early and constant symptom is *change of voice,* every sound uttered being more or less changed.

The amount of *ferocity* varies ; some show extreme fondness ; while others bark and rush to the end of their chain to meet an imaginary foe ; or, if loose, rush out, biting every one they meet. There is no *dread of water,* as in human beings, but, on the contrary, great thirst ; and the saliva becomes viscid, and adheres to the mouth. In the last stages of the disease the eyes become dull ; the hind legs, and afterwards the muscles of the jaw, are paralyzed ; and the animal dies exhausted in from four to six days. Next to the dog probably the wolf, the fox, the jackal, and the cat, are most liable to Hydrophobia. Common errors are that no dog is mad which will lap water, that the animals only go mad in the dog days, and that the female dog is not liable to the disease. Muzzling is of little use. Homeless curs are most dangerous, and should be killed off, and the value of muzzling orders lies in the elimination of the ownerless animals.

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* See *Homœopathic World,* vol. xxiv., pp. 350, 437

SYMPTOMS IN MAN.—These are not manifested till a period after receiving the infection, varying from a few weeks to much longer periods; the wound having probably healed, and the scar presenting no remarkable appearance. Twitching and itching sensations are sometimes felt in the vicinity of the wound prior to an attack. Sometimes there is stiffness, or numbness, or partial Palsy; or the wound may be red and swollen; there is an indistinct feeling of uneasiness and anxiety with giddiness, chills, heats, and a general feeling of being unwell. The special symptoms are arranged by Mr. Erichsen under three heads; consisting (1) of a *spasmodic affection of the muscles of the throat and chest;* the act of swallowing commonly exciting convulsions, makes the patient afraid to repeat the attempt; hence the horror of all liquids which is so remarkable a feature of the disease; (2) *an extreme degree of sensibility of the surface of the body;* (3) *mental agitation and terror,* which frequently mark the disease throughout. To these symptoms we may add extreme thirst; the secretion of a remarkably viscid saliva, the effort to swallow which brings on the convulsive fits; Convulsions increasing in frequency and violence; lips and cheeks becoming livid, and perpetually quivering; till, at length, one fit lasts long enough to exhaust the remaining strength.

CAUSE.—A bite from an animal already affected with Rabies. It is asserted and generally believed in India, that Rabies never originates in dogs, but can always be traced to a mad jackal or wolf entering a village or town, and biting the dogs. Close confinement, want of fresh water, unwholesome food, etc., may have some influence in developing the malady. There is little doubt that the prime cause is some organism, which is transferred from the rabid animal in the saliva, but no bacterium or other agent has been identified with certainty. It is on the medulla oblongata that the poison mainly acts, and death is due to failure of the nerve centres in the medulla.

TREATMENT.—*Immediately* after a person has been bitten by a suspected animal, the wound should be sucked with all the force the patient can command, so as to encourage bleeding and the removal of saliva from the bitten part; and if he is too much alarmed or otherwise unable to do it himself, a friend should do it for him*. A ligature between the wound and the heart would also prevent the absorption of poison into the system. When this has been done let the wound be treated as directed for snake-bites. Turkish and Russian baths seem to have some value.

The Pasteur treatment of Hydrophobia takes advantage of the long incubation period of Rabies to endeavour to strengthen the organism against the slowly developing poison by giving injections (first very weak, and gradually more intense) of material containing the fully developed toxin. Great results are claimed for the treatment, and it is used on the Continent and in India extensively. It is very difficult to estimate the results, because it is seldom, if ever, possible to be certain that a person bitten would have developed the disease if untreated. If treatment is deferred till unmistakable symptoms appear, it is too late. If the organism of Rabies could be discovered there would be a method of knowing, in the absence of symptoms, if the patient were infected. It is interesting to recall that Hering, years ago, recommended a remedy made from the saliva of a rabid dog, a kind of vaccine therefore.

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* No danger attaches to the person thus sucking the wound so long as the poison does not come in contact with any abraded or otherwise imperfect surface of the mouth or other part of the body.

REMEDIES.—The chief are *Belladonna, Strammonium* and *Scutellaria Lateriflora, Cantharis, Lachesis,* and *Fagus Sylvatica.* These medicines are on no account to supersede the local means just pointed out, but are to be used as additional preventives or as palliatives.

Belladonna.—According to Hahnemann, this is the most sure preventive; and certainly no other drug has the power of simulating Hydrophobia to the same extent. Several very interesting cases of genuine Rabies, said to have been cured by this drug, are quoted in Hempel's "Materia Medica."

Scutellaria.—In the "New Remedies" Dr. Hale proves that this drug has caused nervous derangements similar to those of Hydrophobia, and cites cases of cure of the disease by this remedy.

Dr. Massy suggests the Turkish Bath at 140° to 170°; with drop doses of *Naja Trip.* 2. Dr. Buisson recommends the vapour bath.

Dr. Aitken shows that after experimenting with nearly two hundred different drugs; in massive doses, *scientific medicine* has signally and totally failed, and adds, "All that remains is to mention the most leading experiments, with the hope that, as they have not been successful, they may not be wantonly repeated. .

In all probability no prophylactic medicine exists in nature, and the administration of any potent substance by way of prevention is worse than useless."

It is refreshing to contrast the above with Hughes's remarks in his "Manual of Homœopathic Therapeutics" After referring to the cases cured by *Belladonna*, he says, "I think you will feel inclined, if any one whose life you value has been bitten by a suspected dog, to keep such a one under the influence of *Belladonna* until the utmost limit of incubation has been reached. . . . And if *Belladonna* has cured a single case, it has done more than all the resources of traditional medicine have been able to accomplish."

Precaution.—After a person has been bitten by a *suspected* dog, the animal should be secured but not killed, for after all it may turn out that it is not really mad. By shutting it up and allowing it to live, the non-malignant character of the affection may be ascertained, and the patient's mind relieved of a most harassing fear that might otherwise have tormented him for months or years.

49.—Mumps (*Parotitis*).

Definition.—An epidemic and contagious affection of the parotid and other salivary glands, more prone to attack children than adults, and seldom recurring in the same person.

Symptoms.—Swelling, heat, stiffness and soreness in one or both parotid regions, at the angle of the lower jaw, preceded by febrile symptoms. Sometimes one side, sometimes both sides, are affected ; there is often considerable deformity, with difficulty and pain in moving the jaws. On or about the fourth day, in favourable cases, the inflammation and swelling reach their height, and by about the eighth or tenth day all traces of the complaint disappear. In Mumps the glands rarely suppurate.

METASTASIS.—In some cases, as the swelling of the neck and throat subsides, the *testicles* in the male, and the *mammæ* in the female, become tender and swollen. The transference of the disease from the part first implicated to the testicle, or mamma, is most likely to supervene from exposure to cold, or from cold applications.

CAUSE.—A specific organism, which spreads by contagion. Incubation lasts a fortnight to three weeks or even more. Cold and damp favour its appearance. The disease is also liable to occur during the course of severe fevers, in Cholera, and after large doses of *Iodine* or *Mercury.*

EPITOME OF TREATMENT.—

1. *Swollen glands ; difficult mastication.*—Merc.-Cor., or *in tubercular patients,* Merc.-Iod. ; a dose every six hours is usually sufficient. Phyto is also valuable.

2. *Feverish disturbance.*—Acon. ; two or three doses sufficient.

3. *Metastasis.*—Bell., Puls. (*testicles and mammæ*).

ACCESSORY MEASURES.—Exposure to cold or damp during the progress of the disease should be avoided ; also cold local applications, for they favour the tendency to metastasis. Warm fomentations are beneficial, the parts being covered in the intervals with a silk handkerchief, or with one or two thicknesses of flannel-roller. In mild cases a flannel-roller is the only local application necessary. Complete *rest,* both physical and mental, and liquid food, favour recovery. All excitement should be avoided.

50.—Influenza.

DEFINITION.—An infectious disease, generally attended with catarrhal symptoms, headache, loaded tongue, and high temperature, and inducing and leaving behind it great vital depression. It is variously named Russian Influenza, Siberian Influenza, Epidemic Influenza. It has been called by the French "*La Grippe.*"

Epidemics of the disease have visited Europe and the rest of the world at intervals for many centuries, and they have always appeared to originate in Russia or Siberia. After an interval of a good many years, the disease re-appeared in 1889, and has remained endemic ever since.

SYMPTOMS.—There is no doubt that the disease spreads by bacillary infection from person to person; but it often requires some lowering influence, such as a chill or fatigue, to determine the outbreak of an attack. And when once an epidemic has taken hold the practical impossibility of isolation renders the distribution of the infection so universal that it is almost useless to attempt to guard against it. The best defensive measure is to avoid as far as possible anything that would lower the general health. One attack of the disease has no prolonged effect in protecting against a second.

Influenza may take almost any form and simulate any disease. It will sometimes merely intensify some malady already present. There is no one symptom that is always to be found, not even raised temperature, which some think essential to the make-up of an attack.

The classical type of the disease is marked by severe pains all over, especially in the back and head, and frequently setting in quite suddenly. Repeated chills are followed by high fever, with increase of the pains. The eyes are bleary, the intellect dulled, and a sleepy, heavy condition induced. There is generally, but by no means always, a heavy nasal catarrh, which persists long after the acute symptoms have passed off. The tongue is foul ; appetite lost. The throat is generally inflamed, and with all there is great prostration and mental depression. The pulse is as often slow as frequent, and does not correspond to the temperature. The attack may last from one to several days.

But though this may be regarded as the type the departures from it and the complications attending it are innumerable. The respiratory organs are perhaps most commonly attacked ; laryngitis, bronchitis, heart complications, and even sudden failure of the heart is not uncommon. The brain and its membranes are sometimes inflamed. Abdominal attacks—almost choleraic in intensity—have been observed. Hæmorrhages are common, from the rectum, from the nose, etc. A common symptom is hæmorrhage into the skin, causing the appearance of bruises where there has been nothing to cause them. The neuralgic pains, backache, sciatica, etc., are sometimes left behind as a chronic legacy. And it must not be forgotten that the mind itself may become temporarily or permanently deranged. The mental depression which almost invariably accompanies an attack may become intensified to the point of insanity.

Diagnosis.—There is some confusion in the terminology of the disease which it will be well to clear up. Epidemic Influenza is the original disease to which the name was given by the Italians, who ascribed it to the "influence" of the stars. The severer forms of ordinary colds were called "*influenza* colds," as they approached the type of the epidemic influenza. Finally, a severe cold came to be called simply "influenza," that is, during the long intervals between the visitations. Hence many people who had only experience of "influenza colds" could not understand how the epidemic came to have the same name.

As mentioned above, there is no single sign by which influenza may be known, but the prevalence of an epidemic, and the general combination of symptoms, leave little room for doubt. The chill, fever, and perspiration often approach the malarial type; and, indeed, the symptoms of Influenza seem to be intermediate between true malaria and zymotic diseases. When an epidemic is prevalent, it often happens that any other malady, acute or chronic, that a patient may have, becomes intensified and aggravated by the poison, without any of the ordinary influenza symptoms being produced. The bone pains, headache, backache, dull appearance, catarrhal symptoms, high fever, and not correspondingly high pulse, will serve to put most cases beyond doubt. The complications will have to be diagnosed as if they occurred independently.*

TREATMENT.—The three main measures to be secured in a pronounced attack of influenza are: rest, warmth, nourishment. Easily assimilated diet must be given frequently, till the acute symptoms are over. The sick-room must be well ventilated, but the patient must be protected from draught ; and after the attack is over, if it has been at all severe, care must be taken to avoid any tax on the strength and exposure till all traces have passed away.

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* See *Homœopathic World*, vol. xxv. pp. 10, 50, 152, etc.; vol. xxx. pp. 97, 147.

MEDICINES :

Baptisia.—The drug which comes nearest to being a specific is *Baptisia.* The heaviness, besotted appearance of the eyes, headache, foul tongue, sore-throat, soreness all over, and general uneasiness with or without fever, faithfully reproduce the main features of *Baptisia,* and this medicine given in any potency will quickly cure a large proportion of cases. Even when cough supervenes *Baptisia* will often be successful.

Eupatorium perfoliatum.—When the pains in the bones are well marked this is perferable to *Baptisia.*

Bryonia.—will be preferable when the aggravation from movement is well marked ; headache aggravated by coughing ; cough causing pain in the chest relieved by lying on painful side.

Sanguinaria.—Cough and coryza, pains chiefly on right side of chest and right shoulder, expectoration difficult, great relief when it comes up.

Cimicifuga racemosa (*Actœa Rac.*).—Pains in the eyeballs or back of eyes very marked. Pain in head, nape of neck, and back, and muscles generally. Restlessness at night.

Glonoin.—*Bursting* pains in the head or any other part will single this drug out in preference to any other.

Belladonna.—Violent throbbing headache, sore-throat, hoarseness, dry cough, heat of skin, and restlessness. Inflammation of the ear, especially the right, neuralgia right side of head and face.

Phytolacca.—Inflamed and enlarged tonsils with white spots (the herpetic sore-throat of Trousseau). Intense headache, pains in the back and general rheumatism. Aggravation from damp.

The well-known indications for *Aconite, Arsenicum, Camphor, Gelseminum, Nux vomica, Sulphur,* etc., will single them out where cases present themselves. *Gelsem.* especially is a favourite remedy with many physicians, and a preparation from the Influenza poison itself, called Influenzinum, appears to be of value when given in the 30th potency. For the chilliness and debility remaining after an attack *Nat. Sul.* is one of the best remedies. It is Schüssler's remedy for the whole course of the disease.

51.—Erysipelas—(*Erysipelas*)—St. Anthony's Fire.

A very contagious infective inflammation of the skin or mucous membrane, due to the entrance of an organism, the streptococcus pyogenes, through a wound or abrasion. Constitutional debility and bad hygiene predispose to it.

SYMPTOMS.—An attack is usually ushered in with shivering, languor, headache, loss of appetite, nausea, furred tongue, vomiting, constipation, rapid pulse and the other symptoms of an inflammatory fever. Within twenty-four hours a spreading inflammatory redness of the skin appears, first round the wound, which breaks open. It is of a vivid red colour, which fades on pressure. The patient complains of stiffness and stinging heat, but pain and swelling are not much marked. When, however, the eyelids and scrotum are involved there is much swelling. The red blush tends to spread, the edge being raised and well-defined from the healthy skin. At first the redness is bright and shining, becoming later dusky in hue. The spreading may be continuous or it may subside in one place to reappear in another. In a very acute case there are blebs on the inflamed area and sloughing of the skin may occur. Constitutionally the patient is very ill, with a high temperature (102° to 104° F.), which remains elevated without falling again and fluctuating. As the rash fades away a fine desquamation with some staining of the skin occurs.

Erysipelas is especially prone to occur in the region of the head and neck, and delirium is frequent, especially when the scalp is affected. Vomiting is common.

The lymphatic glands into which the inflamed area drains are enlarged and tender.

VARIETIES.—Facial erysipelas often arises without any obvious abrasion of the skin, the explanation being that such is so small as to be overlooked, or the organisms are rubbed in through a sweat duct or hair follicle, or the outbreak is really metastatic—derived from a distant source, the uterus, hand, etc. Moreover, there is a tendency for some of the streptococci to remain dormant, not killed, until the resistance of the tissues is diminished by cold, etc. For the last reason erysipelas is often recurrent. Facial erysipelas is accompanied by considerable swelling and is liable to be complicated by meningitis.

Faucial erysipelas spreads from the exterior to the pharynx. It causes great swelling and endangers life by obstructing the passage of air.

Erysipelas may prove fatal in the following ways: (1) By exhaustion when the constitutional symptoms resemble those of typhoid fever, and the degree of toxæmia, or blood-poisoning is great, although the local lesion is relatively slight; (2) Obstruction of the air-passages. The symptoms indicating this are impaired respiration, duskiness of the face, lividity of the lips or finger nails, altered tone of voice or cough. (3) From extension of the inflammation to the membranes of the brain.

The condition tends to spontaneous recovery, in one to three weeks. In any of its forms it is most serious, at either of the extremes of life. The habits and health of the patient prior to the attack greatly influence the result. It is especially fatal in drunkards and in broken-down constitutions.

Erysipelas has the interesting effect on other lesions, that it may cause chronic ulcers to heal rapidly, and sarcomatous tumours have disappeared after an attack of it.

The incautious use of *Arnica* and *Rhus* has been known to produce an attack of erysipelas, and both these drugs are eminently suited to the treatment of the condition.

EPITOME OF TREATMENT.—

1. *Febrile stage.*—Acon., Ver.-Vir.

2. *Smooth* (*non-vesicular variety*).—Bell., Bry., Puls., Arn.

3. *Vesicular.*—Rhus., Canth., Ver.-Vir.

4. *Additional remedies.*—Apis (*puffy swelling*). Ars. Carbo Veg., Act.-Nit. (*phlegmonus*). Lach., Ars. (*gangrene*). Sulph. (*chronic or declining*).

LEADING INDICATIONS.—

Aconitum.—General fever, with local inflammation and tenderness. *Acon.* is mostly required before the rash appears, but may be given, if indicated, at any stage of the disease, for either *smooth* or *vesicular* Erysipelas.

Belladonna.—Cutaneous, bright-red inflammation, swelling, and *non-vesicular* eruption. If there be *excessive* swelling, *Apis* should be preferred. Violent Headache, thirst, Constipation, and brown-red thick urine, indicate *Bell.*, also extension of the inflammation towards the brain, with delirium, lethargy, or twitching. It may be alternated with *Acon.* early in the disease.

Bryonia, instead of *Bell.*, if the joints are specially affected.

Pulsatilla, if the disorder flies quickly from one part to another ; Indigestion after the eruption declines.

Rhus Tox.—*Vesicular* Erysipelas, whether on the face or elsewhere, with swelling and shining redness ; great restlessness.

Veratrum Vir.—Is also adapted to vesicular Erysipelas, when accompanied by *cerebral disturbance.*

Apis.—Erysipelas with *acute œdema*, without the intense cutaneous inflammation indicating *Bell.*, or the disposition to form Vesicles like *Rhus* (*Hughes*).

Cantharis.—Erysipelas with much irritation, burning, vesicles, and serous exudation. Erysipelas from the use of *Arnica.*

Arsenicum.—Erysipelatous inflammation taking on a gangrenous character, when fresh patches appear as others decline ; also when there is excessive general *prostration.*

LOCAL MEASURES.—Hot fomentations, to which three drops of *Arnica* ϕ, or the same of *Rhus tox.* ϕ, is added, to relieve pain. The affected part should be dusted with zinc oxide and starch powder and covered with a thick layer of cotton wool, for cold favours markedly the spread of the infection.

DIET.—Pure water, or barley-water, with lemon-juice, to allay the thirst. Severe and tedious cases require essence of beef, or *Extract of Meat*, and even wine or brandy. Subsequently a change of air, regular habits, and nourishing diet, essential in the after treatment of all acute diseases, are necessary after severe Erysipelas.

52.—Puerperal Fever—Puerperal Infection.

Under the term "puerperal infection" is included a series of febrile disorders of the lying-in period due to the active development of certain pathogenic germs, which enter the body through wounds of the genital tract. In the great majority of cases these organisms are introduced from without, but in a few instances they may have been present in the genital tract at the time of labour. It must be borne in mind that puerperal infection may occur after abortion as well as after labour, Phlebitis, or other *local lesions*. It is very serious, and in any case of it, a skilled physician is required.

Causes.—Instrumental or difficult labours, fœtid lochia, or decomposed clots of blood, absorbed through slight abrasions in the utero-vaginal canal; decomposing fragments of retained placenta; *contagion*.

Epitome of Treatment.—

1. *Invasive stage.*—Acon., Gels.

2. *Cerebral disturbance.*—Bell., Stram., Opi., Sul., Ver.-Vir.

3. *Complications.*—Bry., Acon., Bell., Merc., Hyos., Stram., Ac.-Mur., Ars., Anti-streptococcic Serum.

Accessory Means.—The patient must have perfect repose, and most attentive but quiet nursing; the apartment must be ventilated without exposing the patient to cold; nourishment should be given frequently in the form of warm rice, or barley-milk, or beef-tea. Warm fomentations. Disinfection of linen, discharges, and the apartment should be attended to, and local surgical measures may be required.

53.—Acute Rheumatism—Rheumatic Fever.

DEFINITION. A specific febrile disorder, due almost certainly to a specific micro-coccus, accompanied by acute inflammation of the white fibrous tissues,—ligaments, tendons, sheaths of tendons, aponeuroses, fasciæ, etc.,—surrounding the joints, and of the synovial membranes, with effusion of fluid into the joint cavities; several joints are affected simultaneously, or in succession. The local symptoms are very erratic; the skin of the affected part is covered with a copious, sour, sticky perspiration, containing lactic acid.

Sub-acute Rheumatism is the same affection in a modified form, often following upon the acute disorder.

SYMPTOMS.—Acute Rheumatism is usually ushered in with febrile disturbances, followed by the local attack of inflammation of the fibrous structures about one or more of the larger joints—the shoulder, elbow, knee, ankle, the fibro-serous covering of the valves of the heart, the pericardial sac, etc. Exposed joints appear to be more prone to attacks than those that are covered, the larger more frequently than the smaller, and the small joints of the hands more frequently than those of the feet. Sprained or otherwise injured joints are particularly liable to suffer. The general febrile condition often precedes the local inflammation one or two days; sometimes the general and local symptoms occur simultaneously, while in others the inflammation of the joints precedes the febrile condition. The affected joints are swollen, tense, surrounded by a rose-coloured blush, and acutely painful; pain is a more constant symptom than swelling, and swelling than redness. The pain has many degrees of intensity, is generally intermittent, abates somewhat in the day, but is aggravated at night, and in all cases is increased by pressure, so that even the touch of the medical attendant or nurse, or the weight of the bedclothes, can scarcely be borne. Often the patient remains fixed, as it were, in one posture, from which he cannot or dare not move. The skin is hot, but covered with a sour offensive sweat, so highly acid as to redden litmus paper. The perspirations, although unattended by immediate relief, are Nature's mode of elimination; for the pains are always aggravated, and the constitutional symptoms intensified, if they become suppressed. It is only when the perspirations lose their peculiar *sour* character that they become useless. The *urine* in acute Rheumatism is scanty, often resembling porter in colour, of high specific gravity, and deposits, on cooling, deep-coloured sediments of urates. The pulse is round and full, varying from 90 to 120; the tongue loaded with a yellowish-white fur; the head is but slightly affected. The usual absence of Headache or Delirium distinguishes acute Rheumatism from the continued fevers. Intense thirst is a common feature, the appetite is fastidious, and the digestive functions are seriously impaired.

"Such are the general and local expressions of a diseased state of the system in acute Rheumatism; and at the height of the disorder it is difficult to conceive a more complete picture of helplessness and suffering than that to which the patient is reduced. A strong and powerful man, generally unused to disease, lies on his back motionless, unable to raise his hand to wipe the drops which flow fast from his brow in the paroxysms of pain, or the mucus which irritates his nostril.

Indeed, he is so helpless that he is not only obliged to be fed, but to be assisted at every operation of nature. The sweat in which he lies drenched seems to bring him no relief; his position admits of no change. If he sleeps, it is short, and he wakes up with an exacerbation of suffering which renders him fretful, impatient, and discontented with all around him" (*Aitken*).

METASTASIS.—Rheumatism is usually *erratic;* it often suddenly quits one joint to appear in another, and then in another; afterwards travelling back, perhaps, to its original seat, the development of inflammation in one joint being often accompanied by its rapid subsidence in another, this alternation occurring many times during an attack. But the most serious metastasis is from the joint structures to the pericardium or the valves of the heart. This complication may be expected in very severe attacks, in young persons, in women oftener than in men, in patients who have been previously weakened, and in persons troubled with irritability or Palpitation of the heart. Probably some heart involvement occurs even when there are no recognizable physical signs of it.

HEART-COMPLICATIONS.—When Pericarditis arises, the patient's countenance becomes dreadfully anxious, the breathing distressed, and pain is complained of in the heart's region; also there is tenderness between and under the ribs, and there may be Palpitation or irregular action of the heart. The physical *signs* of *Pericarditis* may be detected by the stethoscope, and a distinct friction or *to-and-fro* sound like the rubbing of paper, owing to the roughening of the serous surfaces by effusion of fibrine. This sound may soon be lost, either from the opposite surfaces becoming glued together, or separated by serous effusion. If the amount of effusion be large, both the circulation and the respiration become seriously embarrassed, the heart beats tumultuously, the sounds become muffled, and there is increased extent of dulness in the heart's region. *Endocarditis* may arise with Pericarditis or separately. The *symptoms* are similar to those of Pericarditis, but the physical *sign* is a *bruit*, and the affection is generally unattended with pain. In consequence of the extreme danger of these complications, all cases of severe Rheumatic fever should be watched daily by a medical man, so that the signs and symptoms of heart-complications, which often come on insidiously, may be early recognized and met.

RHEUMATISM AND GOUT.—For a tabular statement of the differences between these diseases see the Section on Acute Gout.

CAUSES.—Of late years the researches of various physicians, especially of Dr. Poynton and Dr. Paine, have made it probable that the actual cause of Rheumatism is a living organism, and that the disease is to be classed among those due to bacillary action. But various causes seem to predispose patients to the attacks of this organism. Dr. Haig thinks that both Rheumatism and Gout are to be attributed to excess of uric acid in the system, the result of improper diet The evidence is not conclusive, however.

Exposure to cold and wet, especially *evaporation* from wet or damp clothes, causing chill, often appears to be a predisposing cause. This is no doubt an explanation why the disease is most common among the poorer classes of society, who cannot protect themselves so effectually as their wealthier brethren. Mere cold, however, is not so much a cause of Rheumatism as extreme atmospheric vicissitudes. Hence it is found that it does not prevail most in the coldest regions of the globe, but rather in those climates and during those seasons, which are damp and changeable.

EPITOME OF TREATMENT.—

1. *To cut short an attack.*—Acon., also the early use of the vapour, hot-air, or blanket-bath.

2. *Acute Rheumatic Fever.*—Acon., Bry., Bell. Also the careful and continuous application of moisture and *warmth.*

3. *Complications.*—Cimic., Cact., Spig., Dig., or Ars. (*for the heart*); Colch, Coloc., Ran.-Bulb., Rhod., Rhus., or K.-Hydriod (*for the joints*); Ac.-Nit.

4. *Sub-acute attacks.*—Rhus, Cimic., K.-Hydriod.

5. *Prophylactic means.*—Sulph., Acon., or Dulc. (*immediately after exposure to wet,* etc.). The morning bath; the use of warm clothing. Anointing with oil is also of great value to the susceptible, as it diminishes the rapidity with which heat can be thrown off.

(See also Section on "Chronic Rheumatism.")

LEADING INDICATIONS.—

Aconitum.—Acute Rheumatism, especially at the commencement, *when the fever is high,* and there are violent shooting or tearing pains, worse at night, and aggravated by touch. Also swelling and redness of the affected parts, impaired appetite, high-coloured urine, etc. *Acon.* may be administered either alone or in alternation with *Bry.*, at intervals of one to three hours; or the latter may be administered in the daytime, and the former at night. Administered very early, *Acon.* is often sufficient to cure Rheumatism without the aid of any other remedy. It should be given in a low dilution.

Bryonia.—Lancinating or stitching pains, affecting the muscles rather than the bones, worse on *the least movement,* but relieved by rest; also febrile heat, gastric derangement, profuse perspiration, or coldness and shivering and irascibility. *Cardiac, lung,* or *plueritic complications* are but extensions of the rheumatic disease, and are not, therefore, necessarily indications for any change from *Bry.* or *Acon.* But it is sometimes necessary to change the remedy to *Rhus.* if the tendons become implicated, or to *Cactus* or *Spig.* if the heart is specially involved.

Belladonna.—Frequent doses at night for *sleeplessness.*

Sulphur.—After the acute symptoms have subsided, to complete the cure and prevent obstinate sequelæ; when the constitutional predisposition is strongly marked; and as an intercurrent remedy. It is especially useful when the pains are drawing and tearing, *worse when cold,* and *better when warm,* with a marked aggravation at night.

DIET.—During the fever the diet should be mainly restricted to water, milk-and-water, barley-water gruel and arrowroot, at least at first. In Rheumatic Fever a strictly non-nitrogenous diet has been found very useful. By thus temporarily cutting off the supply of nitrogenous matter, which by imperfect oxidation causes acidity, the end sought in the orthodox treatment by alkalines is obtained, and the natural process of cure assisted.

HYDROPATHIC TREATMENT.—In the early stages of the disease is highly beneficial. Warm baths, hot-air baths or hot compresses, are useful and comforting. *Wet-packings,* repeated as often as the fever returns, and enveloping the joints which are chiefly implicated, or even the whole body, with several folds of wet linen, are most useful adjuncts. Except, however, when the skin is hot and dry, and temperature high, cold applications are contra-indicated.

BLANKETS IN RHEUMATISM.—An invaluable adjunct to the measures already suggested is that of enveloping the patient in blankets and flannel. Bedding in blankets greatly reduces the risk of Inflammation of the heart, diminishes its intensity and danger when it does occur, and at the same time does not prolong the convalescence.

Bandaging the affected joints lessens pain, shortens the attack, and secures rest.

54.—Muscular Rheumatism.

DEFINITION.—" Pain in the muscular structures, increased by motion." The most familiar local varieties of this affection are Stiff-neck, Lumbago, and Sciatica. Muscular Rheumatism is rarely accompanied by redness, swelling, or other external symptoms. It is probably an inflammation of the fibrous sheaths of the muscle bundles.

(1) STIFF-NECK—CRICK-IN-THE-NECK.

DEFINITION.—A Rheumatic affection of the muscles of the side of the neck, chiefly the sterno-cleido-mastoideus, which becomes rigid, hard, and swollen. The least attempt to turn the neck is attended with acute pain. Sometimes the Rheumatism extends to the articulations of the clavicle and intercostal muscles.

TREATMENT.—Acon. (*from exposure to draughts*) Dulc. (*from damp weather*) ; Bell. (*with tearing lancinating pains*). For other remedies see " Lumbago."

(2) LUMBAGO.

DEFINITION.—Rheumatism of the sheaths of the fleshy mass of the lumbar muscles on one or both sides of the loins, extending often to the ligaments of the sacrum, the pain being aggravated by movement of the back, and by pressure.

TREATMENT.—*Rhus Tox.*—Lumbago from getting wet; increase of pain during repose, at night, on *first* moving the affected part, or on first getting up in the morning; rigidity; chronic Lumbago.

Arnica.—Lumbago implicating muscles that have formerly been injured, as by over-lifting, a sprain, or a blow.

Aconitum.—Recent Rheumatism of the lumbar muscles, unassociated with injury.

Cimicifuga.—An excellent remedy in most cases, particularly if the Sciatic nerve is at all affected.

Phytolacca.—Excruciating pains suggesting renal inflammation.

Ant.-Tart.—Acute pain on movement, inducing nausea, cold perspirations, and occasional cramps.

(3) SCIATICA.

DEFINITION.—Inflammation of the sheath of the Sciatic nerve and sometimes also of the aponeurotic parts of the glutei muscles, accompanied by gradually increasing and intense aching, soreness, or darting pain, extending from the nates to the knee, and sometimes to the ankle, or the pain may be purely neuralgic without inflammation or again there may be pressure within the pelvis on the nerve roots from a tumour or some such cause. Care is needed in obstinate cases to ensure that some pressure of this kind is not being overlooked. The patient is often obliged to walk very carefully, or is unable to move. Examination will probably discover no redness nor swelling anywhere, not even swelling or thickening of the nerve at the seat of pain, which is usually where a nerve branch passes through a fascia, or out of a bony canal, or lies superficially.

TREATMENT.—Acon. (*recent inflammatory excitement in the nerve-sheath*), Coloc., Ars., ; Rhus. and friction, Cimic., Phyto. (*chronic*) ; Staph., Spig., Puls., Coloc., K.-Carb., Lycop., Mag., Phos., Gnaph. For other remedies see under "Lumbago." Friction must be judiciously used, but skilled massage often gives great relief.

ACCESSORY MEANS.—*Liniments* medicated with the same remedy as administered internally, or even simple *Olive Oil,* rubbed into the affected parts, are very useful. The frictions should be performed in a warm room, currents of air guarded against. A *wet-compress,* simple or medicated, greatly assists the cure. In this and other varieties of muscular Rheumatism, rest and warmth are of great importance. The application of the common flat-iron of the laundry, as hot as can be borne, with flannel between the skin and iron, is very valuable. In Lumbago, nothing is so instantaneously beneficial as strapping the back from the level of the "seat" upwards, in layers that overlap each other with strips of adhesive-plaster, or warm-plaster. A pad of flannel or of unbleached cotton-wool wrapped across the loins, next the skin, is very comforting. Where persons are very liable to Lumbago from slight exposure to cold or damp, wearing a skein of silk round the waist is an excellent preventive. Generous, nutritive diet is desirable. Lemon-juice is a grateful and remedial beverage.

RHEUMATISM AND MUSCULAR WEAKNESS.—Muscular Rheumatism is apt to be confounded with the painful muscular affections followed prolonged or excessive exertion, or with the soreness or stiffness which occur during convalescence from any long illness, or accompany general debility. These affections are generally better after the repose of the night, but increase with fatigue ; and the pain in the affected part is mitigated by relaxing or supporting it. The diagnosis is important, especially to medical men, because if we fail to prescribe appropriate medicines, nourishing diet, and proper rest and support to the weak muscles until they regain their tone, we shall fail to benefit the patient, who possibly in his contempt for medicine, as Dr. Tanner remarks, will hasten to try the good diet and pure air of some hydropathic establishment, and then circulate reports of his extraordinary cure, "after having been given over by the faculty."

55.—Chronic Rheumatism.

DEFINITION.—Chronic pain, with stiffness, swelling, and possibly distortion of various joints.

This is sometimes a sequel of the acute form of Rheumatism, at other times it is a separate constitutional affection, coming on quite independently of any previous attack. It is generally very obstinate, prone to recur, and is often worse at night. In time the affected limbs loose their power of motion, and lameness results ; the knee joint being often affected : sometimes there is emaciation of the muscles ; sometimes permanent contraction of a limb, or bony stiffness of the joint. There is but little febrile disorder, no perspiration, and less swelling than in acute Rheumatism.

TREATMENT.—In the treatment of Chronic Rheumatism, dyspeptic symptoms, often associated with it, are primary considerations, and little hope of a cure can be expected till they are remedied. Suitable medicines will be found in the following list and in the Sections on "Acute Rheumatism" and "Dyspepsia."

Rhus Tox.—When the sheaths of tendons, muscles, etc., are chiefly affected; the pains being worse during rest at night in the warmth of the bed, and on *first* moving, but wearing off with continued exercise. Creeping sensations may also be present. In rheumatic lameness generally, *Rhus* is often curative.

Bryonia.—Chiefly when the lower limbs are affected; severe pains down the calf of the leg; shining red swellings, with heat and dryness of the parts; pains aggravated by motion. Indigestion, Constipation, etc., are often associated with the disease.

Aconitum is often of service, and sometimes curative. It is more especially adapted to Rheumatism of the shoulder, and of the large joints generally, when there is no rigidity. Rheumatism of the heart, with congestion and sense of anguish; and during febrile disturbance.

K.-Hydriod.—Excruciating pains produced by the least variation or irregularity of motion; inverted hands; swollen, stiffened, almost immovable joints; slightest attempt to rise occasions torture in the lumbar vertebræ; *chronic* induration and enlargement of the glandular structures; affection of periosteum, syphilitic complications.

Rhododendron.—Rheumatic pains worse during rest, in the warmth of bed, and with every unfavourable change of the weather, especially during the prevalence of east winds. It has cured cases in which there were swelling and redness of both the large and small joints, tension, and rigidity.

Ledum Palustre.—Predominant *chilliness*, associated with Rheumatism of the small joints.

Dulcamara.—Rheumatism from exposure to damp, with œdematous swellings, somewhat relieved by rest.

Pulsatilla.—When the knee, ankle or instep is affected; and when there are *fugitive* rheumatic pains in various parts of the body; especially in women with scanty period.

Cimicifuga.—Local forms of Rheumatism, Lumbago, pain in the side; also affections of the heart from Rheumatic fever. Wandering rheumatism is also within the *rôle* of *Cimic.*

Phytolacca.—Very useful in chronic cases with stiff joints, and even loss of the use of the limb. When the periosteal covering is implicated, *Phyto.* is strongly indicated.

Arnica.—Stiffness in the large joints; tearing pains in the small, with pricking; sensation as if the parts were *bruised;* Rheumatism associated with a previous injury.

Causticum.—has been found useful in "Rheumatism of the joints, with swelling and stiffness, contraction of tendons, shooting and tearing pains, especially in tubercular patients."

Mercurius.—Puffy swelling of the affected parts; the pains feel as if seated in the bones or joints, and are increased by warmth, and at night; there are also chills, and *profuse perspiration*, which do not give relief.

Sulphur.—Either before or after the above remedies, as an intercurrent, or to complete the cure. It is especially useful in Rheumatism associated with skin eruptions.

Kali Bich., *Bell.*, *Coloc.*, *Ranun.-Bulb.*, *Mangan.*, and *Colch.* may also be required. As a rule Chronic Rheumatism is best treated with infrequent doses of high potencies.

ACCESSORY MEANS.—Patients who are much afflicted with this complaint should if possible reside in a warm, *dry* climate. At any rate, such patients should wear flannel or other warm clothing, and guard against atmospheric changes. The feet should be protected from cold and damp. Wet compresses, covered with dry flannel, over the affected joints, are always useful. Sometimes warm baths, especially of salt water, vapour, or hot-air, are most useful. To these means may be added friction with *Liniments* medicated with *Arn.*, *Rhus. Tox.*, or other remedy indicated.

The best mineral-water treatment for *Chronic Rheumatism* is to be had at Aix-les-Bains abroad, and at Bath and Strathpeffer in this country.

Lastly, the *diet* should be easy of digestion, as attacks are often occasioned by disorders of the stomach. Beer and strong wines and indeed all alcohol should be avoided. *Cod-liver oil* or its preparations may be given. See "Chronic Intestinal Infection."

56.—Acute Gout.

DEFINITION.—A specific febrile disease, usually occurring in paroxysms at longer or shorter intervals, characterized by non-suppurative inflammation, with considerable swelling and redness of certain joints—chiefly of the hands and feet, and, frequently in the first attack, of the great toe. The disease is often hereditary, and an attack is always associated with derangement of the digestive and other organs.

SYMPTOMS.—As an acute attack of Gout is often occasioned by an excessive debauch, or over-fatigue, impairing the digestion, its onset commonly commences an hour or two after midnight, when Indigestion from a supper or late dinner arrives at its acme. Ordinarily a patient retires to rest in his accustomed health, but awakes early in the morning with severe pain, chiefly in the metatarso-phalangeal joint of the great toe, which on examination is found red, hot, swollen, and so exquisitely tender that the mere weight of the bed-clothes is intolerable, and even the vibration of a heavy footfall in the room causes great discomfort. The veins proceeding from the toe become turgid with blood, and the parts more or less œdematous. On the first accession of the pain there is generally cold shivering, which gradually subsides as the pain increases, and is followed by symptomatic fever. The patient is perpetually shifting his foot from place to place, and from posture to posture, finding no relief. At length, if suitable precautions are taken, and the foot kept in a horizontal posture, the pains subside in the early part of the day; but at evening an exacerbation takes place which persists during most of the night, and subsides again towards morning, when sleep, with gentle perspiration, takes place. Sometimes the pains remit so suddenly that the patient attributes the relief to his having at last found an easy posture. The same series of symptoms recur, in a less severe form, for some days and nights, varying considerably in different cases, and being greatly influenced by the treatment adopted; and then the attack passes off, not to return for one, two, or after a first attack, perhaps for three years. After the lapse of years, however, the intervals between the attacks are liable to diminish, until the patient can scarcely ever calculate upon being free. The joints of the fingers and toes become enlarged and disorganized by deposit, within and without the synovial cavity, of a white matter, commonly called "chalk-stones," but really consisting of *urate of soda*.

It is not uncommon, even in a first attack of Gout, for both great toes to be implicated, generally alternately, the inflammation rapidly subsiding in one joint to appear in the other, but sometimes simultaneously. In many instances, after first attacks, other joints—the instep, the ankle, the heel, or the knee—are affected at the same time; in rarer cases, some joints of the upper extremities.

DIFFERENCES BETWEEN GOUT AND RHEUMATISM.

GOUT.	RHEUMATISM.
1.—In the earlier attacks, the *small joints* are affected, the metatarsal joint of the great toe being chiefly implicated.	1.—The *large joints* are chiefly implicated, several being affected at the same time.
2.—Rarely occurs *before* puberty, and generally not till from thirty-five to fifty years of age.	2.—Generally *occurs in the young*, from twenty to thirty years of age, and often earlier.
3.—Is more frequent in *men* than women, and in the latter rarely till after the cessation of the menstrual function.	3.—Affects *men and women* equally.
4.—It is often the punishment of an *idle*, luxurious, and intemperate life.	4.—Is the lot of the *poor*, the hard-working, the exposed, and the ill-clad.
5.—Is *strongly* hereditary.	5.—Is but *slightly* hereditary.
6.—Is associated with *chalk-stones* in the external ear, on the tops of the fingers, and other situations.	6.—Is never associated with chalk-stones.

Symptoms Preceding an Attack.—Flatulence, Heartburn, *Acidity*, relaxed or confined bowels, and other disorders of digestion. In some patients the function of breathing is implicated or the liver deranged; in others the nervous system is involved, with Palpitation; or there may be alternation of the urinary secretion, or a crampy condition of the muscles. Such symptoms are no doubt consequent on the altered state of the blood, which always exists prior to the development of a gouty paroxysm. Should any organ or function be specially implicated, it is then termed *irregular gout*.

Causes.—The bodily condition which predisposes to Gout is undoubtedly hereditary, but it may be acquired. The experience of physicians largely engaged in treating the disease proves that more than half the gouty patients can trace the disease to hereditary influence; and if the wealthy portion of the community only were included, the proportion would be much greater. Large-built men, of a luxurious mode of life, particularly if addicted to indulgence in *wine* or *malt liquor*, and too much animal food, combined with too little exercise, are very liable to the disease, whether a predisposition has been transmitted or not. That wine and malt liquor have a greater tendency to the production of Gout than distilled spirits, is proved by its prevalence in those countries or cities in which these beverages are largely consumed, and its relative absence where distilled spirits are almost exclusively made use of. Thus Gout is more frequent in London, where porter and beer are largely partaken of, than in Edinburgh, where the favourite beverage is whisky. Gout is very common amongst brewers' men; also amongst ballast men employed on the Thames, who, it is stated, frequently drink from *two to three gallons of porter daily.* Gout prevails largely in Germany, and in most countries where beer is the ordinary beverage of the people. *Port wine* has a marked reputation for causing Gout; and sherry is by no means a harmless beverage. It is chiefly a disease of the *male* sex, although occasionally women of a robust and plethoric habit suffer from it, after the cessation of the catamenial function. That luxurious living and an inactive life are at least exciting causes of Gout seems evident from the exemption of working people in rural districts from the disease.* Even when the disease does occur in poor people, it is chiefly in persons who have previously lived fully and inactively, such as the servants of wealthy families—butlers, coachmen, etc.—men who, as Sir Thomas Watson remarks, often live more luxuriously and idly than their masters. Gout is in fact a disorder of metabolism. There is a failure to deal fully and normally with all the products of digestion, a failure which may be due to inherited disability or to excessive and harmful ingestion of unsuitable food. The resulting waste products accumulate in the system giving rise to a variety of mental and bodily symptoms from attacks of ill-temper and depression to asthma or headache. If these symptoms are neglected an attack of obvious joint gout will probably supervene.

The connection existing between Gout and convivial excesses is proved by the much less frequent occurrence of the disease, consequent on improved habits in diet. We are less partial to animal food, our meals are shorter, our potations less deep, and as a consequence Gout has gradually declined. Although, however, joint Gout is less often seen than earlier, there remains a vast number of disorders of an ill-defined kind, manifesting in digestive and nervous and other symptoms which are just as much "gouty" as the joint attack. But being less well defined, they are less easy to identify. Very likely further knowledge will sub-divide this group of illnesses by identifying the different waste products which in different cases determine them.

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* It has also been observed that in a regiment of soldiers scarcely a case is found among the oft-drilled privates; whereas after attaining the rank of quartermaster, diminished exercise and stimulating diet induce the disorder.

Unless the gouty diathesis be very strong, the actual manifestation of the disease may generally be averted. Moderation in food and drink, physical exertion, and temperate and industrious habits of life, will secure exemption.

The influence of *lead* in the production of Gout Dr. Garrod believes to be considerable; he has observed that a large percentage of the gouty patients that came under his care in hospital practice consisted of painters, plumbers, or other workers in lead. Chronic Gout leads to a condition of chronic inflammation of the kidney, to thickening of the arteries and to high arterial tension. When there is any element of lead poisoning, these conditions are even more likely to arise.

Season and Climate have much influence in exciting a paroxym of Gout. First attacks are most common in spring; as the disease becomes more confirmed, an autumnal seizure is added; after the lapse of a long time, a fit may occur at any season, and at most irregular intervals.

EPITOME OF TREATMENT.—

1. *During an attack.*—Colch., Acon., Bry., K.-Hydriod., Apoc., Urtica Urens.

2. *External applications.*—Acetic Ac. *Formula.*—

Ac.-Acet. Sp. gr. 1.056, ʒj., Spt. Vini. ʒvj., Aq. Dest. ℥vj. mix. Dr. Hastings recommends the inflamed part to be bathed with the lotion, and cloths saturated with it kept constantly applied, and covered with dry flannel. Acon. should be administered at the same time.

Lotions of Acon. (or of any other drug which can be at the same time administered internally), are often employed with good results.

3. *Between the paroxysms.*—Puls., Nux. V., Merc.-Iod., Bry., Rhod., Rhus, Arn., Sulph., Plumb.

LEADING INDICATIONS:

Colchicum.—This remedy bears a homœopathic relationship to Gout, and is best administered in comparatively large, and frequently repeated doses as follows: Twenty drops of the strong tincture to a tumblerful of water, giving a dessert-spoonful every twenty, thirty or sixty minutes, according to the intensity of the pain, and until it subsides. *Colchicum* is a drug used both in the new and in the old school of medicine, with this difference, that all the good effects of the remedy are secured by the small doses of the former, without any of the injury the large doses of the latter entail. The following extracts from an author of each School will be read with interest:—

> "There is one drug which has undoubted influence in controlling gouty inflammation, and its action in articular gout appears as marked as that of *Cinchona Bark* in the cure of Ague; this remedy is *Colchicum.* It signifies not what part of the colchicum plant is taken, whether the corm, the seeds or the flowers, for the same principle pervades the whole plant; neither does it signify what preparations are made use of, whether the wine, the tincture, or the extract, provided equivalent doses be administered, for the effects of all are the same.
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> "*Colchicum,* as before stated, has a direct controlling power over the joint disease, and I cannot call to mind a single instance in which its influence was not well marked."—*Garrod.*
>
> "In adopting *Colch.* as the remedy for the gout paroxysms, Homœopathy may do something towards removing those inconveniences which beset its administration in the old school. Probably all the bad effects which result from allopathic doses may be averted by a reduction of the

dose. Should the pain recur in the same, or attack other joints, *Colchicum* should be resumed.

"In the interim, any medicine homœopathic to the general condition may be given, having especial regard to the digestive organs. *Puls.*, *Nux Vom.*, and *Merc.* are most frequently indicated; and sometimes the state of the circulation requires *Acon.*

"When the patient has passed through an acute attack, the morbid diathesis has to be corrected; and there seems no doubt but that in Gout the fault lies in the primary digestion.

"This part of the treatment is of paramount importance, and here homœopathy comes to help us with its array of anti-dyspeptic medicines. I cannot enumerate these, or define the place of each; every case must be treated as an individual, and a remedy selected according to the character of the digestive derangement present. In confirmed Gout, Dr. Ackworth states that he has seen much benefit from the administration of *Sulphur.*"—*Hughes.*

Dr. Burnett ("Gout and its Cure") recommends *Urtica Urens* ϕ, ten drops in a wineglass of water, every two hours, in an attack of acute Gout.

ACCESSORY MEASURES.—During an attack of Gout, the affected limb should be raised, so as to favour the free return of blood to the heart; the application of flannels wrung out of hot water, hot bread-and-water poultices, after immersion in hot water often do good; or the *Acetic Acid lotion*, before recommended, may be used. In acute attacks, the patient should be restricted to farinaceous diet—arrowroot, tapioca, sago, bread, etc.—and milk; water, or toast-and-water, *ad libitum.* As the febrile symptoms decline, a more generous diet may be gradually allowed; at the same time the patient should resume daily moderate out-of-door exercise as early as he is able.

PREVENTIVE TREATMENT.*—

1st. *A well-chosen diet.*—This should include both animal and vegetable food, be adapted in quality and quantity to the ability of the stomach to digest, and at the same time furnish sufficient nourishment out of which pure blood can be formed. Soles, whiting, and codfish; mutton, tender beef, fowl, and game may be eaten. Salmon, veal, pork, cheese, and highly-seasoned dishes are unsuitable. The consumption of animal food should be strictly moderate, and pastry, greasy or twice cooked meat, highly seasoned food, should be avoided, and anything likely to lead the patient to eat more than is strictly moderate. Since Dr. Haig's writings, there has been a tendency to eliminate all meat from the dietary and even other foods (such as peas) which contain the so-called "purins." Unquestionably the very strict Haig diet relieves and cures a number of people. But it is not universally suitable, and each case needs individual consideration. Vegetarians should always realize that a sufficient supply of nitrogen is essential, and while meat-eaters may take too much they themselves may take too little. A liberal amount of nuts is essential in a real vegetarian diet. See "Chronic Intestinal Infections." The wines most likely to injure are port, sherry, and madeira. If wine be taken at all, good claret, free from sugar and acidity, is best. When Gout attacks a patient early, entire absence from all alcoholic beverages is one of the most likely measures to check its future development; but aged persons, and others whose health has been much enfeebled, may be allowed a small quantity of stimulants, such as the particular circumstances of each case seem to justify. For "although a plan can be sketched out which may apply to the majority of cases of Gout, still each case not only exhibits its own peculiarities, and becomes a separate study, but likewise demands, in certain respects, a separate treatment" (*Garrod*).

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* The preventive measures recommended in the Section on "Calculus" should also be consulted.

2nd. *Healthy action of the skin.*—This should be promoted by bathing, warm-clothing, Baden-towels, bath-brushes. Friction over the whole surface of the body is extremely useful when exercise cannot be taken. The patient should be well rubbed with a flesh-brush, or with the hands, twice a day.

3rd. *Good habits.*—A life of indolence should be exchanged for one of activity and usefulness. Exercise, not severe or exhausting, should be taken *regularly*. Müller's exercises are particularly valuable. Walking, so as to secure an abundance of fresh air, must ever be considered the best exercise, but it may be conjoined with riding. Without sufficient exercise, probably every other measure will be unavailing. Early and regular hours should be adopted, and severe or prolonged mental application avoided. In some cases, removal to a warm and dry climate during winter and spring may ward off subsequent attacks.

57.—Chronic Gout.

Definition.—A persistent constitutional affection, characterised by stiffness and swelling of various joints with deposits of urate of soda.

Symptoms.—The deposits in the joints constitute the distinguishing feature; chronic stiffness and swelling of various joints, with pain, are considered as cases of Chronic Rheumatism. The original condition of the *Chalkstone Deposits* is that of a liquid, rendered more or less opalescent from the presence of acicular crystals; as the fluid part is absorbed, the consistence becomes creamy, and at last a solid concretion is produced. When the effusion is confined to the cartilages, unless very excessive, the injury to the mobility of the joint is comparatively slight; but when the ligaments are infiltrated, they are made rigid, and the play of the parts is consequently interfered with. If a bursa has been infiltrated, the resulting chalkstone is free and of uniform composition, but the distortion is considerable. The visible occurrence of chalkstones is not constant, but when external deposits do occur in any patient, no possible doubt can exist as to the nature of the case, for as the deposition of urate of soda in the tissues occurs only in Gout, its presence constitutes a pathognomonic sign (*Garrod*).

EPITOME OF TREATMENT.—

Sub-acute Gout.—Colch., Sulph.

For the gastric symptoms.—Ant.-C., Puls., Rob., Merc., Nux V., Sulph.

LEADING INDICATIONS.—

Colchium.—This drug exerts a powerful influence in diminishing the sub-acute inflammation in old-standing cases.

Pulsatilla.—*Wandering pains,* especially when those dyspeptic symptoms exist for which this remedy is suited.

Antimonium Crud.—Gastric derangements, white-coated tongue, nausea; pains increase after eating; gouty nodes.

Nux Vomica.—Sub-acute attacks brought on or aggravated by indulgence in wine, heavy suppers, or late dinners. Constipation, Piles, Spasms, etc., are additional indications.

TREATMENT OF GOUTY DEPOSITS.—The following simple method Sir William Broadbent has found effectual:—Wrap the hands in linen or flannel dripping with water, warm or cold, and enclose them in a waterproof bag all night. This very speedily removes inflammatory stiffness, and little by little the concretions of urate of soda soften, frequently disappearing entirely. Sir W. Broadbent has, in other cases, applied alkaline solutions, and water acidulated with Nitric

Acid, to one hand, while water alone has been applied to the other, and has come to the conclusion that water is the agent in the process of removal.

58.—Osteo-Arthritis (*Arthritis Deformans*).

Definition.—A chronic disease of the joints, characterized by changes in the synovial membranes and ligaments, and often by atrophic or hpyertrophic changes in the bones. This disease was long called Rheumatic Gout, but is distinct from both Rheumatism and Gout. It affects women more than men, and is generally a disease of middle life. It appears often at least, if not always, to be due to poisoning from some chronic suppuration. The effect of gonorrhœa in causing joint troubles is well known, and diseases like pyorrhœa alveolaris (a disease of the gums and teeth, with constant suppuration), or chronic pelvic inflammation, leucorrhœas, etc., are responsible for some manifestations of osteo-arthritis. Exposure to damp and cold, worry and care, overwork and underfeeding are all predisposing causes.

Symptoms.—The disease may come on acutely with fever and implication of several joints. Even cardiac complications are observed, and in children enlargement of lymph glands and spleen (Still's disease). This form is difficult to distinguish from Rheumatic fever. The immediate treatment should be the same as for that disease, and the later condition of the joints makes the diagnosis clear.

In the more usual chronic form, the joints are generally attacked symmetrically. Pain on movement and slight swelling appear. The joints of the hands are frequently first attacked and later other joints. Progress is very variable with intermissions, but gradually the shape of the joint is altered, the ligaments thicken and the muscles retract; bony growths form round the joint and lock it, and in time the joints become fixed and useless. If the vertebral joints are attacked the patient becomes an absolute cripple. The finger joints acquire a "spindle-shaped" form, which is very characteristic.

TREATMENT.—The disease is obstinate and very difficult to cure. If actual tissue changes have taken place—arrest of symptoms is all that can be looked for. Vigorous local measures, massage, hot air baths, should be used in the chronic forms, and other remedial measures mentioned under Rheumatism. A search should be made for any source of pus, and the trouble dealt with. Vaccine treatment is helpful sometimes and good possibilties lie in phylacogen treatment, where the remedies are made from the products of bacterial growth without the actual germs. See "Chronic Intestinal Infections."

The drug treatment of both the acute and chronic forms depends on the symptoms. In the acute form, *Acon.*, *Bry.*, *Puls.*, etc., will probably find a place; when the disease is chronic, however, although *Rhus.*, *Rhodo.*, *Mercurius*, etc., are often valuable for relief of local symptoms and especially *Caulophyllum* in women, the best prescriptions are those founded on the general and constitutional symptoms rather than on the local ones. *Sulphur* is particularly valuable often, and *Silicea*. Drugs chosen on general grounds are best given in infrequent doses of high potencies.

59.—Tumours.

DEFINITION.—A tumour as generally understood is a localized new formation of tissue which originates without known cause and serves no useful purpose in the economy.

Every swelling is not a "tumour," and further, a tumour does not necessarily cause a swelling. For instance, a breast, the seat of a cancerous growth, is often smaller than the opposite healthy gland.

We are ignorant of the true nature of the pathological conditions which result in the growth of tumours and are therefore compelled to describe them merely on the grounds of their microscopic structure and mode of growth. The mode of growth of tumours serves only as a basis of classification in so far as it is the most important feature upon which the division is made into the two classes: (1) non-malignant, simple or benign, (2) malignant.

A benign or simple tumour, although it may attain enormous proportions, does not invade the structures which surround it, but in its growth, it may as a result of compression, bring about absorption of the surrounding tissues. Moreover, a common but not constant feature of a simple tumour is the presence of a capsule which surrounds the tumour and forms a clear line of demarcation between it and the parts around. A simple tumour only endangers life mechanically, as the result of its size and position. They are often multiple. The extirpation of a simple growth requires only the complete removal of the tumour as such, whilst the thorough extirpation of a malignant growth, necessitates an operation the magnitude of which may seem to be out of all proportion to the extent of the disease as apparent to the naked eye.

A malignant tumour, on the other hand, progressively invades and destroys the tissues of the part in which it grows, and eventually, unless removed, causes the death of the individual. Malignancy is evidenced in two ways, (1) locally, by infiltration and the destructive effect of the tumour on the surrounding tissues, and (2) generally, by the occurrence of secondary deposits or metastasis in other parts of the body. This metastasis is presumed to result from the growth invading the wall of a vessel; portions then get broken off, and are swept away in the stream until caught in a small vessel, possibly of a part remote from the primary tumour, where it lodges and sets up a new growth.

Tumours exhibiting malignant characters, are represented by two great classes: (1) the sarcomas or malignant connective-tissue tumours and (2) the carcinomas or malignant epithelial tumours. Some degree of confusion still exists in the nomenclature of malignant growths on account of the popular use of the name "cancer" for all tumours of this nature—a relic of the times when sarcoma and carcinoma were imperfectly recognized as distinctive forms of growth. In view of the great diversity presented by the course of malignant growths, dependent chiefly upon their nature and position, it is impossible to give any general description which is applicable to the different varieties. Beyond the fact that unless successfully removed whilst in a localized condition, they will eventually destroy life, it is hardly possible to mention a single feature which is common to all.

Certain popular fallacies with regard to a malignant tumour cannot be too often or too energetically exposed. These fallacies are:—(1) That a malignant growth is necessarily painful. A cancer may reach a most advanced stage, without causing even slight pain, or in fact any symptom to indicate that serious disease exists. (2) That it makes rapid progress. Many forms of carcinoma progress very slowly, and even after many years may attain very small proportions. (3) That it is attended with loss of flesh and general deterioration of the health ("cancerous cachexia"). This must not be regarded as a special feature of the disease, but rather as an evidence of its advanced stage, and is particularly striking when widely spread metastases are present especially in the viscera. All evidences of malignancy may be conspicuous by their absence. Thus, to give a striking example, a very common hard form of cancer in the female breast, may present itself as an altogether insignificant small hard lump unattended with pain or even discomfort, scarcely varying in size in many months or even several years, and unassociated with any recognizable effect in the nutrition or general health of the patient.

In speaking of the natural course of a malignant growth, it has been stated that it tends continuously to extend and finally to prove fatal. Such a result is, however, not absolutely constant, and there are on record authentic cases in which a malignant growth has undergone spontaneous involution and apparent cure. Such cases prove that a malignant growth shares, with almost all other diseased processes, a certain, although exceedingly slight, tendency to spontaneous cure.

Different malignant growths exhibit the local and general evidences of malignancy in very varying degrees. Thus, the cancer of the skin, commonly known as the rodent ulcer, exhibits its malignancy simply by a slowly progressive destruction of the surrounding tissues without even, in its latest stages, showing any tendency to produce metastases. An example of the opposite extreme is afforded by certain cutaneous pigmented (melanotic) growths, in which the primary growth remains as an altogether insignificant pigmented spot, though it may already have given rise to widely distributed secondary deposits in the lymphatic glands and elsewhere, which rapidly prove fatal.

In view of the great frequency of the disease, it is remarkable how very few cases are on record which appear to illustrate the transmission from one individual to another. There is no proof that the condition is infective.

In considering the causation of malignant growths, perhaps the most clearly established fact is the frequent development of the disease in tissues which are already altered, by various chronic inflammatory changes often resulting from long-standing irritation. So close appears to be the connection in some instances, that certain definite "precancerous" conditions are recognized. As instances one may mention the development of cancer of the skin in chimney-sweeps, and in the workers with tar and paraffin, its occurence in the Kashmiris from the irritation of the skin of the abdomen and thighs, caused by portable stoves of heated charcoal, and the striking occurrence of the disease from the prolonged action of X-rays. In all these instances, inflammation of the skin (dermatitis) precedes the actual development of the malignant growth. The nature of the irritant evidently varies widely, and may be mechanical, thermal, chemical, or infective.

Mention must be made of the fact that a cancerous change occasionally supervenes in the tissue of a simple tumour.

In the case of that form of malignant disease called sarcoma, injury, such as that producing fracture of bone, sometimes stands in a casual relationship to the development of the growth.

If malignant growths are in any sense dependent upon heredity, it is the predisposition of the tissues to the development of the disease, and not the disease itself which is transmitted. Although the theory of the hereditary nature of Cancer has been widely accepted and striking instances of its occurrence in several members of the same family are not uncommon, it is questionable whether in general, heredity is an important factor in the causation of the disease.

Carcinoma occurs in all parts of the world, and in all classes of vertebrates. There is no proof that it occurs endemically, and the evidence that the disease is more prevalent in some districts than in others and, that in certain houses successive inmates have died from it, is not sufficient to suggest the existence of any external exciting cause. The greater prevalence of certain forms of Cancer in particular districts can usually be explained by causes other than any climatic influence. Thus the frequency of Cancer of the mouth in the women of India and Ceylon, is not due to the mere fact of locality, but to the practice of chewing betel nut to which the women in those countries are addicted.

Before leaving the subject of the causation of malignant disease, it may be stated that the popular idea that there has been a steady increase in the frequency of Cancer is probably erroneous. The supposed increase is certainly to a large extent, if not altogether, explicable by the increasing accuracy with which the disease is detected and recorded, and by the fact that an increasingly large number of individuals reach the age at which Cancer becomes common.

TREATMENT.—Except perhaps in the case of that form of malignant disease termed rodent ulcer, there is, at the present day, no means of treating a malignant tumour in the early stages of its growth, which holds out a sufficient hope of effecting a cure to justify recourse to it, rather than in resorting at once to removal by operation. Unfortunately in the majority of cases of malignant disease, it is the presence of metastases which render the condition inoperable.

Operation for a malignant tumour may sometimes be justified, even when a cure is not obtained, if the patient's life is prolonged in a condition of comparative comfort, or even if life is not prolonged, if the distress and suffering due to the primary growth are relieved.

The treatment cannot be commenced too early. There is no single remedy which is capable of curing every given case of Cancer; but cases of even advanced Cancer have been cured by different remedies. Each case must be treated according to its own peculiarities. And in those cases which are beyond the reach of actual cure, the sufferings attendant on this malady may be greatly alleviated, and life prolonged, by the use of our remedies.

Arsenicum.—In many cases in our own practice we have witnessed the priceless value of this remedy, in different attenuations, perseveringly administered, these cases having been marked by the severe pain and the general cachexia of true Cancer. The utility of this drug is also often expressed by the restoration and maintenance of the patient's general health. *Ars.* in low dilutions, or *Fowler's Solution,* we have found most remedial.

Hydrastis has been extolled, and is undoubtedly useful when the Cancer involves the *glands* or the *uterus.* We use it both internally and externally.

Conium.—Scirrhus of the *breast,* following a local injury.

Carbo Animalis has effected much improvement in the discharges of Cancer, and has also revived the *dormant energies* of the system.

Thuja may be chiefly depended on in the simpler varieties of tumours.

Aurum.—Cancerous affection of the *bones.*

Aconitum (*Radix*).—The writer, in a recent case of Cancer, of a very virulent character, found the strong tincture of *Acon.* of more service than any other remedy. Its power in relieving the agonizing sufferings of the patient was striking; even when *Opium, Morphia,* etc., by hypodermic injection, could not be borne, *Acon.* lulled the pain, calmed the nervous excitement, and procured that much-needed blessing, sleep. It was given at first in half-drop doses of the strong tincture, and gradually increased till two or three drops could be taken.

Lapis Albus has acquired some repute in uterine Cancer in the hands of Dr. Grauvogl.

Phos., Bell., Sulph., Kreas., Sepia., Secale., Iod., Ac.-Carbol., Galium Ap., Hydrocotyle, Sang., K.-Brom., Plat., and *Calc.* may prove useful.

ACCESSORY MEASURES.—In ulcerated cancerous tumours the fœtor may be greatly diminished, and the patient's and attendant's comfort promoted, by solutions of *Carbolic Acid, Peroxide of Hydrogen, Permanganate of Potash,* etc., or *Iodoform powder* dusted on locally; also the internal and external use of *Carbo Vegetabilis* or *Charcoal. Charcoal poultices* are soothing. *Chlorate of Potash* in small crystals or powder may be sprinkled over open sores, and covered with a wet compress. Freshly-ground Coffee is a deodorizer.

Dr. Cooper has recommended an ointment of *Ruta,* made by extracting the fresh plant in Vaseline. The value of this has been frequently verified, and Dr. Cooper has had some success with occasional doses at long intervals of the strong tincture of certain vegetable remedies, among which may be mentioned:—*Scrophularia Nodosa, Lobelia Erinus, Ornithogalum,* and *Ruta.*

60.—Syphilis (*Syphilis*)—Venereal Disease.

DEFINITION.—A chronic contagious, sometimes congenital, disease peculiar to human subjects, due to the entrance of a specific motile spiral micro-organism, the *spirochaeta pallida,* through abraded skin or mucous membrane.

Syphilis is usually, but not always, a venereal disease, and is communicated by inoculation which occurs for the most part during sexual intercourse with an infected person. The disease may also be transmitted by infection of the tongue or lips in kissing, by smoking poisoned pipes, by drinking out of infected vessels, by vaccination with human lymph which contains the pus of a syphilitic eruption or the blood of a syphilitic person.

Primary Syphilis.—About twenty-eight days after inoculation a "primary sore" (hard chancre) appears at the site of infection, which is characterized by a superficial ulcer with indurated base. After about two months it gradually heals and becomes absorbed. So little may the patient be incommoded by the hard chancre that it may be unnoticed. The lymphatic glands of the groin are always somewhat enlarged.

Secondary Syphilis.—From six weeks to three months after the first appearance of the primary sore some slight febrile disturbance, debility, anæmia, and sore throat, usher in a group of so-called secondary symptoms which present considerable variety and may last any time up to two years from infection. The most important are: cutaneous eruptions, superficial lesions of the mucous membranes, inflammation of the iris of the eye, pains in joints and bones, etc.

Tertiary Syphilis.—Unless the further progress of the disease be checked by appropriate treatment, a fresh series of lesions may occur after an interval which varies from one to several years. There is no sharp line of distinction between secondary symptoms on the one hand, and tertiary symptoms on the other, but the most characteristic feature of the tertiary lesions is the formation of local tumours called "gummata" which occur most often in the periosteum, liver, testicle, and brain.

Sooner or later, if the progress of the disease be still unchecked, the so-called syphilitic cachexia sets in and the patient may finally die either from exhaustion, or from some intercurrent affection.

Congenital Syphilis.—This is syphilis derived from intra-uterine infection of the embryo with the syphilitic virus. It is a very much more serious form of the disease than the acquired. Symptoms usually first appear at the end of three to six weeks after birth in the form of cutaneous eruptions resembling those of the secondary period of acquired Syphilis, and most of frequent occurrence on the buttocks, abdomen, palms and soles. "Snuffles" also constitutes a common initial symptom. The child's appearance is cachetic, the features pinched, the skin dry and shrivelled, and it gradually sinks. On the other hand, if begun sufficiently early, appropriate treatment will speedily restore the child in most cases to a condition of comparative health.

Those coming in contact with Syphilitic patients cannot be too scrupulous in avoiding infection, nor can the patient exercise too much care in preventing the conveyance of the disease to others.

EPITOME OF TREATMENT.—

1. *Primary Syphilis.*—Merc.-S., Ac.-Nit., Merc.-Cor., Thuja, Ars., Iod., Sulph.

2. *Secondary Syphilis.*—Ac.-Nit., K.-Hydroid., Merc., K.-Chlor., Ars., Aur.

3. *Tertiary Syphilis.*—K.-Hydroid, Aur., Phos., Ac.-Phos., Ars., K.-Bich.

Strict cleanliness is indispensable. Above all it must be remembered that Syphilis is a debilitating disease, and the importance of all treatment which tends to the improvement of the general health cannot be over-rated.

Prompt professional homœopathic treatment at the outset is generally successful in eradicating the disease; and in the later stages professional skill is no less important. The patient must resign himself to remaining under medical supervision for at least a year after all symptoms have disappeared.

Chronic Syphilis.—Whether he has been treated or not the patient is always liable to develop nerve symptoms. These are the most serious of all the complications of syphilis and the commonest are general paralysis and locomotor ataxia. They generally show themselves about ten years after infection.

In general paralysis there is progressive dementia usually with some form of exaltation. The speech is hesitating, slurred and tremulous. The face muscles and tongue show paresis with tremors. The writing is also affected. Later the muscular power becomes gradually weakened until there is more or less general paralysis. Finally the mind gives out and the patient becomes insane.

TREATMENT.—Ant.-C., Ars., Cann.-Ind., Hyos., Nux-V., Op., Phos., Plumb., Sul., Stram., Ver.-A.

Locomotor Ataxy.—This occurs mostly in men and gives rise to certain definite symptoms which may be enumerated as follows: Contracted pupils and they do not react to light (Argyll Robertson pupil). Squints and double vision may be found. Lightning pains may occur in any part of the body and girdle pains in the chest or stomach. There may be a sensation of walking on wool or " pins and needles " in various parts. Attacks of gastric pain and vomiting or of severe pain and straining at stool or of bladder pain with frequent or difficult micturition are common. The knee-jerks and other reflexes are lost. There is difficulty in walking on account of muscular inco-ordination.

General paralysis and locomotor ataxia may be present together.

TREATMENT.—Zinc, Phos., Plumb., Arg. Nit., Oxal.-Ac. Chrom., Sulph.

61.—Soft Chancre (*Chancroid, Ulcus Molle*).

Soft Chancre is a highly contagious venereal disease characterized by the occurrence of one, or more frequently, several shallow ulcers about the genitals. The disease is due to inoculation with a specific micro-organism (Ducreys bacillus) and has no connection with syphilis with which until comparatively recently, it was confounded. It is to be noted, however, that the virus of syphilis and that of Soft Chancre may be, and indeed, often are, inoculated at the same time in the same place. In such cases the soft sore develops first, and a month later the symptoms of Syphilis supervene.

The incubation period of the disease is short so that within a few hours after infection a red spot may be seen at the site of inoculation, usually foreskin or glans penis, and in twenty-four to forty-eight hours, a pustule may have developed which bursts and leaves a shallow ulcer. This ulcer, in contradistinction to that of hard chancre, is painful, has invariably a soft base, and a ragged uneven floor covered at first with a greyish-white slough. The secretion is intensely infective. As a rule, the ulcer remains small, about the size of a threepenny-piece, and the duration of an uncomplicated soft sore is about three weeks.

Two severe complications deserve mention (1) acute inflammation of the lymphatic glands of the groin, which is common ; (2) Phagedæna and gangrene which, happily, is rare, for it is always serious and difficult to treat.

TREATMENT.—Keep as clean and free from irritation as possible. Dust with iodoform or other mild antiseptic powder.

At the first sign of inflammation of the glands, in the groin, rest in bed must be enforced, and if pus forms it must be evacuated by incision.

MEDICINES.—*Merc.-Sol., Ac.-Nit., Merc.-Cor., Thuja, Ars.*

62.—Tuberculosis.

DEFINITION.—Tuberculosis is the result of infection of the body by the tubercle bacillus. Tuberculous disease can only be produced by living tubercle bacilli, and the only certain proof of the existence of the disease is the demonstration of the micro-organism in material derived from the patient.

The disease gets its name from the characteristic naked eye appearance of the lesions which are nodular bodies called tubercles.

More than ten per cent. of all deaths in this country and about twenty-five per cent. of the deaths in children's hospitals in London are due to tuberculous disease in one or other of its protean forms.

The tubercle bacillus has great resisting power, and is capable of living for several months in dried sputum, and may be cultivated, or be made to cause disease in susceptible animals when obtained from the dust of ordinary living rooms. The gastric juice does not destroy it, nor does the process of decomposition going on in dead tissues over a period of many weeks. A most important point, however, is that *direct* sunlight has a rapid lethal effect upon the micro-organism, so also has a solution of carbolic acid of strength one in twenty, especially after preliminary treatment of sputum with strong caustic soda. The bacilli occur in all tuberculous lesions and are cast off in vast numbers in the sputum of those who suffer from tuberculosis of the lung. It may, however, be regarded as proved that the ordinary expired air of patients who have tuberculous lung disease does not contain tubercule bacilli, but the matter is very different when they cough. In the act of coughing, and to some extent also in speaking, singing and sneezing, there is projected with considerable force into the air a spray of foam containing a great number of living bacilli, so that the cough of a patient suffering from tuberculous lung disease, especially in a late stage, is a very dangerous thing indeed.

It is now definitely established that differences exist between the bacillus causing tuberculosis in human beings and in cattle respectively. The human type of bacillus is less virulent to cattle than is the bovine type, and though this cannot be made the subject of experiment, the bovine type is probably less virulent to man than is the human type. So far as can be judged, by the observations already undertaken, about ten per cent. of all cases of tuberculosis in man are due to infection by the bovine type of bacillus. In children, the bovine type is found relatively much more often ; in adults it is quite uncommon. It is probable that something like one-fifth of all cases of tuberculosis in children is due to infection by the bovine type of bacillus, the cases being chiefly those of abdominal tuberculosis, of tuberculous disease of the glands of the neck, and of lupus.

The infection is a distributed one rather than a person-to-person contagion ; that is to say, the bacilli mostly derived from human expectoration, become deposited and mingled with dust in all kinds of dirty places, which are badly ventilated and to which sunlight does not obtain direct access, and so are inhaled with the air and ingested with contaminated foods and drinks.

Probably many persons pass through an attack of pulmonary tuberculosis without knowing it ; whether by virtue of resistance, or by mildness of invasion, they suffer comparatively little, and their peril is not recognized. They are " off colour " for a while, or " over-worked " or have a troublesome " catarrh " from which they recover.

From the eugenic standpoint a distinguished medical writer states in a recent article : " I would oppose the too frequent assumption that the victims of tuberculosis are after all weaklings whose weeding out, if painful to their friends, is on the whole good for the stamina of the race. It is true that by inheritance or by privation a person may be so debilitated as to offer a lessened resistance to any injurious influence from without, but on the other hand, in respect of tubercle, such a lack may mark a family from generation to generation as a peculiarity rather than as a frailty ; or, at worst, as a flaw which is open to one kind of stress only. Such a constitution is a lock which may be shut to every key but one. Bar the tubercle and such an one may continue strong and beautiful." (Sir T. Clifford Allbutt, *Practitioner,* January, 1913.)

The human race is, as a whole, remarkably susceptible to infection by the tubercle bacillus, and the same holds good for domestic animals. Individual differences in susceptibility are, however, very marked. The existence of tuberculous families is one of the cardinal facts of clinical medicine. It may be that a part of this familial incidence to tuberculosis is explained by similarities in the life and environment of the various individual members of the family, allowing of the same sources of infection, but this cannot explain the undoubted prevalence of tuberculosis in parents, brothers and sisters, where the family is scattered—a circumstance commonly seen. There is a tissue susceptibility, a "favourable soil," that constitutes a potent element in the pathology of the disease. The essence of this predisposition is at present unknown to us.

Regarding the problem of inheritance, we now take a very different view from that which was adopted a generation or so ago. At that time inheritance was regarded as perhaps the most important factor in the causation of tubercle. What undoubtedly is inherited is a diminished resisting power to infection. Congenital tuberculosis is little more than a curiosity.

Resistance to tuberculous invasion then is greater in some persons than in others. It is definitely lessened in those descended from a tuberculous stock. It is again definitely lowered by conditions of depressed health, from certain chronic diseases, from evil habits, and from bad sanitation.

Unquestionably from time to time nearly everyone is exposed to infection by tubercle bacilli, but fortunately, in the great majority of instances, they find no particular part in an unhealthy condition, and consequently sooner or later succumb to the defensive forces of the body. We must not wholly forget, on the other hand, the influence of a certain degree of acquired racial immunity due to the selective removal, through the centuries of civilization, of the least resistant persons and families. In a relatively new community of persons, who have formerly led more or less nomadic lives, and have never been exposed to infection, the tuberculous virus will spread like fire through the stubble.

How do the bacilli get into the body? In nearly all cases, either by inhalation or ingestion. The former mode of entry is commoner in adults, the latter in children. Essentially the food which is dangerous is milk. In London, and other large cities, something like ten per cent, of the samples of milk taken at random contain tubercle bacilli. Unfortunately, an enormous number of cows in all parts of the world are tuberculous—possibly not less than twenty per cent. to thirty per cent. of all dairy cows, and probably nearly two per cent. in this country, suffer from tuberculous udders.

Tubercle bacilli have actually been found in the dirt under the finger nails of school children; how much more are they likely to be present in the dirt on the fingers of a baby crawling upon a dirty room or pavement?—" the little child inhabits the floor."

The main entrance then, of the bacilli, is either by the mouth or the nose. Having obtained entrance, they are brought at once into contact with a mucous membrane. Vast numbers are doubtless destroyed by the mucous membranes; but if the latter should be in an unhealthy condition local infection may be set up. Moreover, it is undoubtedly possible for the bacilli to pass through a mucous membrane without causing any obvious local lesion. Possibly they may pass directly into the bloodvessels, but the larger number enter the lymphatics and so get conveyed to the nearest lymphatic glands. Here again, they may be destroyed; but if a gland is in an unhealthy condition, or if the number of bacilli brought to it is overwhelming, tuberculous disease with the familiar results may follow. There is yet a third possibility, namely, that the bacilli may pass through the glands, just as they pass through the mucous membrane, without giving rise to any mischief, and so may eventually by these indirect channels reach the blood stream. If the bacilli entering the blood-stream be in very large numbers we may have a general infection. For this to occur it is probably essential that there should be some local depôt or focus of disease, usually a softening caseous mass. We may compare what happens with what takes place under conditions of warfare. We hear often enough of the danger of a raid which may lead to damage by the enemy, in a certain district or local area; but this would never suffice by itself for the conquest of a large country. Such a raid may be compared with the possible result of a limited number of tubercle bacilli obtaining entrance accidentally into the circulation. If, however, the country is to be conquered, the enemy must establish a definite base or centre from which it can operate and overspread the entire country. This is what occurs as a necessary precursor of a general blood infection. From a caseous focus, in which softening is taking place, enormous numbers of bacilli escape into the blood-stream, the resistant powers of the body are overcome, and general miliary tuberculosis follows. A softening caseous mass in any part of the body may serve as a centre for a generalized infection.

It may be tuberculous disease of a bone, a joint, the middle ear, or occasionally of the glands of the neck. We must recognize the very important fact that local conditions greatly favour the development of tuberculous lesions in deep seated parts. There seems to be be no doubt that when the vitality of an organ or part of the body is diminished by an injury, any bacilli which may be circulating in the blood-stream, and in time would otherwise probably have been destroyed, find a favourable soil upon which to develop. Secondly we realize the importance of pre-existing morbid states, and unhealthy conditions, not only of the bones, joints, kidneys, etc., but also of the lymphatic glands. If the organs and tissues of the body are healthy they resist stray tubercle bacilli which may be present in the blood. If they are diseased from any cause whatever, such bacilli are only too likely to find a lodgment.

The lesions produced at various parts of the body when infection has taken place need not be described here, suffice it to say they may occur in any organ.

The symptoms of the disease appear to be due almost entirely to the operation of the intracellular toxins of the bacillus, and this poison is quite virulent after the microbe has been killed, for if dead bacilli are injected into susceptible animals their solution by the tissues leads not only to the formation of actual tubercles, but to many of the symptoms of tuberculosis ; indeed, the animal may waste and die.

The question is still not finally decided whether tubercle bacilli can be transmitted to a child in the mother's milk. Whether this be so or not, the practical point to bear in mind is that, if the mother is tuberculous, the sooner after the birth the child is separated from her the better. It has been recognized for a long time that a tuberculous mother should not be allowed to suckle her child. Lactation has been forbidden mainly perhaps for the sake of the mother, but we must recollect that the prohibition is equally in the interest of the baby.

TREATMENT.—All measures tending to improvement of dwellings, to more accessibility to sun and air, lessened crowding of tenements, better food and clothing, and increased cleanliness in and about houses, are measures against the prevalence of tubercle. It can truly be said that the decline in the tuberculosis mortality of the last sixty years has been a steady one, dependent mainly upon an improvement in general hygiene, increased well-being, and cleanliness.

The efforts made towards the cure of tuberculosis and towards its prevention fall into two main groups: (1) efforts aimed at raising the general resistance of the patient by a variety of means so that his tissues are able to repel more successfully the attacks of the bacillus and (2) efforts aimed at preventing the infection or reinfection of the body by the bacillus, and when the body is already infected, encouraging the formation of prophylactic substances.

Controlling the milk supply so as to insure the purity of this food, and isolation of the phthisical patient are the two means of a specific kind indicated by pathological research in the sphere of prevention.

By appropriate measures a cure may pretty surely be brought about in at least twenty per cent. of all cases. The prognosis is guided, not so much by the extent of the mischief, but by the intrinsic resistance of the individual. The mean duration of cure is at least two and a half years.

The patient should be removed from all debilitating conditions. He should get a maximum of *direct* sunlight. *Direct* sunlight is one of the most powerful agents in destroying the tubercle bacillus. Rabbits inoculated with tuberculosis, if confined in a dark, damp place without sunlight and fresh air, rapidly succumb, while others, treated in the same way, but allowed to run wild, either recover or show very slight lesions. It is the same in human tuberculosis. A patient confined to the house—particularly in the close, overheated, stuffy dwellings of the poor—is in a position analogous to that of a rabbit confined to a hutch in the cellar ; whereas a patient living in the fresh air and sunlight for the greater part of the day has chances comparable to those of the rabbit running wild. Stress is laid on *direct* sunlight. The effect of sunlight on tuberculosis other than pulmonary is extraordinary. The passage of sunlight through glass robs it of a varying amount of the all important active rays. This is well-evidenced by the difference in rapidity with which sensitised photographic paper prints when exposed to direct daylight as compared with that which first passes through the window pane.

The patient should be constantly bathed in fresh air, but exposure to wind should be avoided. In cases of pulmonary delicacy and even of incipient disease, removal from urban conditions to an open sea, moorland, or mountain air life will in most instances restore health.

Cold is better than heat, and undue moisture is to be shunned.

The regulation of rest and exercise is the fundamental thing in the treatment of tuberculosis. There should be rest for the diseased part, both physical and functional. Hence the difficulty of treating tubercle in parts like the lung or bladder, which do not have complete physical or functional rest.

It is of the utmost importance that fatigue should be avoided; this not only wears out the defensive forces, but is usually accompanied by excessive auto-inoculation, the first sign of which is loss of appetite. Exertion pushed to the point of undue fatigue is the commonest cause, both of initiation and relapse.

The diet should be a generous one of ordinary food, with a slight excess of fatty things. The aim is not to make the patient fat, but gradually to increase the weight. Care must be taken not to push the amount of food beyond the limits of the digestive capacity. The stuffing system is now discarded. Meals should be at considerable intervals to give the stomach sufficient rest.

"Sanatorium treatment" is merely a convenient and expressive term for the form of treatment which has been worked out at certain institutions known as sanatoria. It does not imply that treatment should necessarily be carried out at an institution. The sanatorium is not to complete cures of phthisis but to educate the patient in the methods and reasons by which cure is to be compassed. For this purpose perhaps a residence of three months may suffice.*

TREATMENT.—A dose of one of the following medicines may be given once or twice daily, as exerting a favourable influence over the cachexia. As it is often desirable to persevere with one remedy for a long period, it is necessary occasionally to suspend its use for a few days, then to administer a dose or two of an intercurrent medicine, such as *Sulphur;* and again, after waiting a few days, to resume the former remedy. The most useful remedies are—*Calc.-C.*, *Sulph.*, *Iod.*, *Ferr.*, *Phos.*, *Ars.*, and *Merc.*

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* See also Section on "Tuberculosis of Lungs."

Calcarea.—Is well adapted to those constitutions in which the digestion and assimilation of food does not lead to the formation of good blood and healthy tissues ; there is an *impoverished*, or, on the other hand, a *stout, soft*, and *pale appearance*, notwithstanding that a sufficient supply of good food is taken. It is indicated in the cases of *enlarged* and *hard abdomen*, so frequently met with in children with a tuberculous tendency. Other indications for this remedy are—a want of firmness of the bones, slow or difficult dentition, glandular swellings, extreme sensitiveness to cold and damp, and, in females, too frequent and profuse period.

Sulphur.—Unhealthy skin ; Ophthalmia of children ; humid eruptions behind, or purulent discharge from the ears ; swelling of the axillary glands, tonsils, nose or upper lip ; swelling of the knee, hip, or other joints ; defective nutrition ; colicky pains, mucous discharges, etc.

Phosphorus.—Especially suitable to tall slender persons with fair skin, blonde or red hair. Frequently and easily disordered *lungs* with a short, dry *cough*, pain or soreness of the chest, shortness of breath, *tendency to diarrhœa or perspiration*, and general feebleness of constitution.

Arsenicum.—This is one of the most important remedial agents in tuberculosis, when debility is very marked, and the patient has frequent and exhausting discharge from the bowels, sallow complexion, extreme restlessness, thirst and *emaciation*. The Iodide of Arsenic is also especially valuable in tuberculous affections.

Merc.-Iod, and *Silicea* are suitable adjuncts in many cases.

Ferr.-Iod.—Is of great value in the *anæmic*, impoverished, and cachectic conditions so common in tuberculosis, arising from imperfect assimilation of food.

Aurum.—Chiefly indicated in *affections of the bones*, and in cases improperly dosed with *Mercury*. Mental depression. *Ferrum* and *China* are deserving of attention in like cases.

Belladonna.—Head symptoms preponderate. Sudden onset, and as sudden disappearance of symptoms.

Silicea.—Ulcers with callous edges, fistulous ulcers, *Scald-head, Otorrhœa* ; affections of the bones. It may follow *Calc.*, especially in disease of the bones.

Mercurius.—Glandular inflammations with much swelling, redness and the *pains worse at night* in bed, particularly when the glands of the neck are swollen and painful, and there are affections of the eyes ; *copious saliva ;* disagreeable taste, and frequent and *unhealthy-looking stools ;* profuse perspiration with most complaints.

Sepia.—Females with *menstrual irregularities*, corrosive *leucorrhœa*, unclear skin, yellow saddle across upper part of cheeks and nose and yellow spots on face, etc.

Iodine.—Enlargement of the glands ; tuberculous inflammation of the knee ; rough, dry, skin ; *enlarged mesenteric glands*, and tender abdomen ; *emaciated appearance*, with hectic. A chronic diarrhœa is well met by this remedy.

Phyto., K.-Hydriod., Bary.-Carb., Hep.-S., Staph., or other remedies may be required.

THE INDIGESTION.—In order to correct the derangements of the digestive tract—choice may be made from the following short list of remedies :—

Nux Vomica.—Indigestion with *flatulence*, heartburn, acid eructations, and Constipation or *irregular action of the bowels.* It is specially indicated in patients of dark complexion, sallow skin, of sedentary habits, or who suffer much from mental fatigue or anxiety.

Pulsatilla.—Adapted to that form of indigestion in which fat, an important constituent of a mixed diet, is distasteful, or not taken without *derangement of the mucous membranes. Puls.* is generally more suitable for light-complexioned persons, and where there exists a tendency to *diarrhœa* rather than to *constipation* from gastric disturbance ; otherwise the indications are much the same as for *Nux V.*

Calcarea Carb.—In addition to the indications before pointed out, this remedy is useful in *obstinate acid eructations* not cured by *Nux V.* or *Puls.*, and when a debilitating relaxation of the bowels is present.

Mercurius.—Faulty action of the liver, shown in *yellowish skin and conjunctivæ,* mental depression, anorexia, etc.

K.-Bich., *Bry.*, *Ant.-C.*, or *Carbo Veg.*, may likewise be of service in some cases. See Sec. on "Dyspepsia."

Cod-liver oil, as a supplemental article of diet, is an agent possessing such remarkable and well-known properties of arresting general or local emaciation as not to require further recommendation here. It may be given in almost any case in which a patient is losing flesh, in teaspoonful doses, two or three times a day, commencing even with half a teaspoonful, if it be found at first to disagree.

Bathing, both in fresh and salt water, is invaluable as a means of promoting a healthy action of the skin, and of imparting tone to the whole system. But it must not be indulged in indiscriminately. The patient should never feel chilly after a bath, should never take a bath when fatigued, or before being called upon to make an exertion.

Clothing should be adapted to the season, and should be warm without being oppressive. The extremities especially should be kept warm. As a general rule, flannel should be worn; in winter it affords direct warmth, and in summer it tends to neutralize the effects of sudden changes of temperature. The linen should be frequently changed, always observing that it is put on perfectly *dry*.

In certain cases operative interference may be advisable.

63.—Lupus (*Lupus*).

DEFINITION.—Tuberculous Inflammation and infiltration of the skin, usually of the nose or face, caused by the tubercle bacillus. It is very chronic.

Lupus occurs usually before puberty, and persists indefinitely unless properly treated. It is commonest on the face, especially on the nose and cheeks, and may spread to mucous membranes.

SYMPTOMS.—Nodules appear deep in the skin and then run together. Each nodule is red and raised and resembles apple jelly. The skin becomes infiltrated and ulcerated, fresh nodules appearing on the spreading margin. The Ulcer is constantly spreading in one direction, and healing in another; it may last for years, and wander over the whole face, completely destroying perhaps the alæ of the nose, or the eyelids, but in other parts not penetrating the entire thickness of the true skin. The cicatrix is excessively irregular and shining, of a dense whiteness, causing perhaps eversion of the eyelids and distortion of the features; in some parts it feels soft and pulpy. This affection is generally conceded to be due to the bovine type of tubercle bacillus.

TREATMENT.—*Arsenicum.*—This is the chief remedy, and by its preserving use, both internally (in various dilutions) and externally, we have witnessed most unpromising cases cured or greatly benefited.

Tuberculosis.—Koch's *Tuberculin* was claimed as a remedy for lupus, rather than for tuberculosis. It has proved curative in the 30th and 200th homœopathic potencies, in rarely repeated doses, as also has *Bacillinum.* These remedies should only be used by medical men.

Iod., K.-Hydriod., Hydras., Ferri Iod., Sulph. and vaccine treatment, are also useful. All the remedies may be used locally as well as administered internally.

LOCAL TREATMENT.—Finsen light, and X-rays.

64.—Tuberculous Disease of Glands (*Tuberculous adenitis*).

DEFINITION.—This term includes all those affections of the lymphatic glands—enlargement, induration, and suppuration—which arise from infection of the glands by the tubercle bacillus. The tubercle bacillus is ubiquitous. All are exposed to infection, and upon the local conditions whether favourable or unfavourable, depend the fate of those micro-organisms which find lodgment in our bodies. Special predisposing factors in lymphatic tuberculosis is catarrhal inflammation of the mucous membranes, and decayed teeth, which in themselves excite slight adenitis of the neighbouring glands. In a child with constantly recurring naso-pharyngeal catarrh the bacilli which lodge on the mucous membranes find in all probability the gateways less strictly guarded, and are taken up by the lymphatics and passed to the nearest glands. The importance of chronically enlarged tonsils and decayed teeth as an infective atrium, cannot be too strongly urged. In conditions of health the local resistance, or as some would put it, the phagocytes, would be active enough to deal with the invaders, but the irritation of a chronic catarrh weakens the resistance of the lymph tissue, and the bacilli are enabled to develop and gradually to change a simple into a tubercular adenitis.

Tubercular adenitis is met with at all ages. It is, however, more common in children than adults.

SYMPTOMS.—The gland slowly enlarges, becomes hard, and is painless up to a certain point ; afterwards Inflammation, pain, and suppuration occur, the pus being curdy. When the wound is healed, a marked and, frequently, protuberant cicatrix remains. In other cases, however, the gland remains enlarged, without proceeding to suppuration. The glands most commonly affected are those in the neck, under the jaw.

EPITOME OF TREATMENT.—

Unless the abscess is opened, or the matter drawn off, it bursts and leaves a slowly healing sinus.

Chronic enlargement.—Iod., Merc.-Iod., K.-Hydriod., Ammon.-Mur. (*indurated*), Phyto., Calc.-C., Sulph. Nourishing diet, cod-liver oil (Sec. 21), pure air, sunlight, with the general treatment prescribed for tuberculosis.

65.—Tuberculosis of the Lungs—Phthisis Pulmonalis —Pulmonary Consumption.

DEFINITION.—Phthisis is almost synonymous with Tuberculosis of the Lungs. Syphilis of the lung, and some chronic pneumococcal infections may give rise to a clinical picture difficult to distinguish from that of Tubercle, and therefore the term Phthisis and Consumption should be given up and the diseases named according to the agents that cause them. Tubercle is by far the most important of these.

The disease is due to the invasion of the lungs by the tubercle bacillus, with consequent inflammation. The inflammation may proceed to healing even after considerable breaking down of tissue with resulting scars, or the broken down tissue may be coughed up in pus and cavities may result : or the process may gradually extend through the lungs, healing here and there, but always creeping on till a great deal of fibrous tissue is formed (fibroid phthisis). All these are varieties of Chronic Tuberculosis. Acute Tuberculosis is of two kinds. The first is of a similar nature to the first two varieties described above, only it sets in with great violence and acute symptoms : the second is called acute miliary tubercle. The lungs become filled with small tubercles, which do not break down. There is little expectoration, but marked fever and acute symptoms, and recovery from this form is almost unknown.

SYMPTOMS.—The early indications are often obscure, and may appear at any age, but most frequently between twenty and thirty. The chief symptoms are *impaired digestion*—loss of appetite, red or furred tongue, thirst, nausea, vomiting, and, in rare cases, gastralgia ; more or less *cough*, chiefly in the morning ; hoarseness or weakness of voice ; irregular *pains in the chest ; dyspnœa* on slight exertion ; *debility*, languor, and palpitation ; *persistently accelerated pulse ; heightened temperature ; night sweats ;* and *progressive emaciation.*

As a tendency to tubercle is apt to be hereditary, inquiry should also be made if any members of the patient's family have died from this disease.

Cough is a prominent symptom. In the early stage it is dry, short, and irritative, and most troublesome in the morning, or after exertion; the expectoration is usually small in quantity, and consists of ropy or glairy mucus; the cough may continue for months without aggravation or the supervention of any other symptom. In a more advanced stage, cough recurs during the day, and especially after slight exertion, being caused by the necessity for getting rid of the inflammatory products and disintegrated lung tissue, which then begin to accumulate. The recognition of this different variety of cough is necessary in order to prescribe for its cure and relief, as remedies suited to one condition are inadmissible in the other. The mere existence of a cough, *per se,* by no means proves that tubercle is present, as it may arise from diseases of other organs than the lungs; neither does the absence of cough prove the non-existence of the disease. The discovery of tubercle bacilli in the expectoration puts the diagnosis beyond doubt.

Hæmoptysis frequently, but not invariably, occurs; it is a suspicious symptom, and often gives the patient the first intimation of danger; its occurrence either before or soon after the commencement of a cough always renders the fact of tubercle probable, especially if the patient has received no injury of the chest, and has no disease of the heart.

In phthisical Hæmoptysis the amount of blood discharged is sometimes very small in the early stage, merely streaking the sputa, or there may be a few teaspoonfuls, proceeding only from the small vessels that are congested in the neighbourhood of the tubercles; but in the later stages there is sometimes a copious and even fatal Hæmoptysis, arising from some large vessel being opened by ulceration and rupture of an artery in a *vomica*; but this is comparatively rare, because the vessels usually become plugged with coagula before the ulceration opens them.

A *persistent rapidity of the pulse,* ranging from 90 to 110, or higher, is an invariable symptom of active Phthisis. The pulse is especially liable to become accelerated towards evening, and, as the disease advances, becomes more rapid and also feebler. Even more important is the temperature which often gives the first danger signal. A persistent rise of temperature in the evening to 99° or 100°, and particularly a marked rise of temperature after moderate exertion, is a very suspicious sign.

Shortness of breath or *difficult breathing* is a common symptom. In Phthisis the capacity of the lungs is diminished, and enough air is not inspired to aërate the blood sent there by the quickened action of the heart. An extensive growth of tubercle in the lungs gives rise to very great distress in breathing; this symptom becomes, therefore, a sign of the extent of the deposit. The number of respirations in healthy, tranquil breathing is 14 to 18 per minute, and bears a remarkable proportion to the pulsations of the heart, that is, one complete respiration to about every five beats of the heart. In Phthisis the number of respirations is from 24 to 28, the number increasing as the disease progresses. Inspiration is generally short, limited, and speedily checked, causing uneasiness or inducing coughing, and is quickly succeeded by expiration. The patient complains of want of breath;

exercise, especially going uphill or down stairs, or walking fast, exhausts him, and he often requires to rest. The patient's *feelings* cannot here be relied upon, for the *sense* of dyspnœa may be experienced when the function of respiration is unimpaired; and, on the other hand, one lung may have become useless by slow compression without any such distress for breath. The rate of progress, and not the actual advance of the disease, therefore, determines the degree of the patient's distress. A lowered respiratory power tends of itself to induce accumulations of mucus in the air-cells, and to excite inflammatory action.

Emaciation, one of the earliest symptoms, extends to nearly every tissue of the body; it often proceeds uniformly from the commencement to the termination, and appears to bear a closer connection with the constitutional than with the local affection. Though liable to be increased by extensive disease of the lungs, intestines, and mesenteric glands, and by Hectic fever, still, in the absence of these conditions in their ordinary intense form, *wasting* goes on to the fatal termination, the patient sustaining a total loss of from one-third to half of his entire weight. *Slow and gradual emaciation*—"the grain-by-grain decay"—is far more indicative of Phthisis than a rapid or irregular diminution of weight; and emaciation is more marked, and also more dangerous, in individuals who have been previously stout. To detect the continuously progressive emaciation, it is necessary to have patients accurately weighed from time to time. By this means a physician is also able to judge of the proportion of the weight of a patient to his height, age, breathing, and other functions.

Hectic fever at length makes its appearance, and its coincidence with the symptoms already mentioned confirms our diagnosis of Tubercle. This is a much more marked fever than the rise of temperature in the early stages spoken of above. The patient is feverish and flushed in the evening, and in the morning may be found drenched with perspiration. The pulse is small and weak, uniformly too high, but greatly accelerated towards evening, reaching 120 beats in the minute, or more; "the beat being performed with a jerk, as if the result of irritation upon a weakened heart." The bowels are relaxed, especially in advanced stages of the disease, the Diarrhœa aggravating the effects of the sweating, and consequently the exhaustion is greater; the tongue is furred white or brown in the centre, but unnaturally red round the tip and edges, and, immediately preceding the final break-up, is covered with the eruption of Thrush. The urine deposits red brick-dust or pink sediment, consisting of the urates of soda and ammonia; the skin is clammy except during the evening exacerbation, when it is burning hot; the complexion is clear, the eyes are bright and sparkling, and there is marked emaciation, especially as death approaches.

Finally, all the symptoms are gradually intensified; the dyspnœa becomes *very distressing*, so that the patient is unable to make any active exertion, or even to read a short paragraph without pausing; the sputa is more purulent; the pus is often expectorated pure, in roundish masses, that remain distinct in the vessel; the disease often spreads to other organs, as the lymphatic system and the intestinal canal, in which a deposit of tubercle takes place similar to that in the lungs, and which afterwards bursts into the intestines, leaving an Ulcer; and thus the entire alimentary canal is affected and Diarrhœa produced. The larynx may be affected producing huskiness, and even loss of voice, but more frequently the former, from the thickening and increase in vascularity which it undergoes. *Aphthœ* of the mouth, pharynx, etc., or œdema of the lower extremities, ensue. It is, therefore, but seldom that the local affection of the lungs alone causes death.

The mind usually remains bright, often vigorous, and so hopeful that, even amidst this general wreck of the material frame, the patient dreads not the future, and thinks he "would be well but for his Cough:" towards the end, however, slight Delirium sometimes occurs, from circulation of venous blood in the brain, or a deposit of tubercles in its membranes.

The most characteristic symptoms are:—*undue shortness of breath* after exercise; *Cough; Spitting of blood; progressive emaciation; heightened temperature; rapid pulse; Hectic* and *Diarrhœa.*

PHYSICAL SIGNS AND METHODS OF DETECTING THEM.—Notwithstanding the comparative conclusiveness of symptoms, a physician does not rely on them alone, but calls in the aid of other evidence. In consequence of the frequent obscurity that surrounds symptoms, or of the possibility that they admit of explanation by causes distinct from Phthisis, a physical examination is necessary to remove all uncertainty; and if conducted with care, and aided by the study of natural science, the diagnosis of this disease may be rendered almost as clear as if the morbid processes beneath the chest walls were exposed to view.

The following are the methods of physical examination:—*Inspection,* or ocular observance of the form, size, and movements of the bare chest; *Mensuration,* by which the comparative volume of the two sides of the chest, and also the degree of expansion and retraction during respiration, are determined by measurement; *Percussion*, or tapping the chest to ascertain the relative degree of dulness of resonance; *Auscultation*, or listening over the chest to discover the condition of the respiratory murmurs, either with or without a stethoscope; *Thermometry*, which indicates the temperature of the patient apart from his own sensations. The *weight* and *height* of the patient are also considered in connection with his age. *Microscopy* will determine the character of the expectoration and the presence or otherwise of tubercle bacilli.

TEMPERATURE.—The value of the aid of the thermometer in the diagnosis of Phthisis will be recognized by the fact that during the growth of tubercle in the lungs, or in any organ of the body, the temperature of the patient is raised from 98° Fahr., the normal temperature, to 102° or 103°, or even 104°, the temperature increasing in proportion to the rapidity of tubercular growth. This sign may occasionally be detected several weeks before reduced weight or other signs indicate the undoubted existence of tubercle; and, in the absence of other signs peculiar to the disease, will determine the diagnosis of Tubercle from *Chlorosis* or *Heart-disease.*

CAUSES.—The final cause is infection with tubercle bacilli, but there are many other factors in every case. The germ probably gains access to the body mainly by being swallowed in dust, etc., which contains germs from expectoration or the minute spray from the mouth, which accompanies not only sneezing, but even loud speaking. Being swallowed the germs get into the lymphatics and affect the glands at the back of abdomen and chest, and so gain access to the pleura and thence to the lungs. Infection by inhalation is also possible.

The bacillus is received with impunity by thousands who have no constitutional susceptibility to its growth. Among predisposing causes are: Pneumonia, Capillary Bronchitis, Hæmoptysis, Hyperæmia of the lungs, the irritation of foreign bodies—coal, iron, or slate dust, etc. Also *hereditary taint*, contagion, dampness of soil, and " the *impoverished nutrition* resulting from *impure air*, and an improper *quantity*, *quality*, or *assimilation of food*, and so long as misery and poverty exist on the one hand, or dissipation and enervating luxuries on the other, so long will the causes be in operation which induce this terrible disease " (*Bennett*).

Duration.—The average may be said to be from nine months to two or more years; but in acute cases the disease advances rapidly through the entire substance of both lungs, and it may prove fatal in two or three months, or even in as many weeks. The influence of the digestive organs is very considerable. An irritable mucous membrane—indicated by loss of appetite, furred tongue, Diarrhœa, etc.—will hurry the morbid deposit through its stages; while a healthy digestive apparatus may prolong the stages indefinitely. Other circumstances must also be considered—age, amount of hereditary influence, Hæmoptysis, fever, etc. Lastly, the type of disease greatly influences the duration.

Treatment.—Phthisis being a disease in which the assistance of a medical man is necessarily required, we only give a few general indications for the sake of those to whom professional homœopathic skill is not accessible. Each case must be treated according to the individual nature and extent of the local and constitutional disease. Useful remedies may be found among those recommended for " Dyspepsia "; also

"Bronchitis," "Pneumonia," and other diseases of the respiratory system. *Preventive* treatment is of great importance. The *general measures*, are also of paramount importance.

EPITOME OF TREATMENT.—

1. *Cachexia.*—Sulph., Calc.-C., Iod., Ars., Phos., Nux Jug., Merc.-Iod., Ferr., Ars.-Iod., Calc.-Iod., Sang.

2. *Indigestion.*—Puls., Nux. V., Calc.-C., Lyc., Merc., K.-Bich., Ant.-C., Carbo V.

3. *Cough*, etc.—Phos., Bell., Dros., Hyos., Conium (*nightly dry cough*); Bry. (*stitching pains in the side*); Stamm. (*profuse expectoration* and *night sweats*); Ant.-T., K.-Bich., Kali Carb. (*cough worse from 2 to 5 a.m. Stitches in chest*).

4. *Hœmoptysis.*—Ham., Ipec., Dros., Arn., Led., Sabi., Mille.

5. *Dyspnœa.*—Ars., Ant.-T., Nit.-Strych.

6. *Hectic fever, night sweats, Diarrhœa*, etc.—Ac.-Phos., China, Hep.-S., Samb., Stann.

7. *Various Symptoms.*—Kreas. (*sympathetic vomiting*); Gels. (*sleeplessness*); Phyto., K.-Hydriod., K.-Bich., K.-Carb., Calc.-C., Spig., Ac.-Sulph., Merc.-Cor.; etc.

LEADING INDICATIONS.—

Calc.-Carb.—Imperfect digestion and *assimilation of food*; obstinate *acid eructations;* relaxed bowels; enlarged glands; sensitiveness to cold and damp; fatigue after slight exertion; Cough; *gradual emaciation;* and, in females, too frequent and *profuse menstruation*, or Leucorrhœa.

Phosphorus.—In confirmed, as well as incipient Consumption, especially in *girls of a delicate constitution;* with frequent, *dry, short Cough*, so constant as to lead to exhaustion of strength; or moist Cough with greenish fœtid expectoration from an Abscess in the lungs; shortness of breath; *tendency to Diarrhœa or perspiration;* emaciation; pain and soreness of the chest; less of appetite; dry or hot skin; small and quick pulse, etc.

Iodium.—Consumption associated with glandular affections—enlargement or atrophy—diarrhœa from *mesenteric disease,* and inability to digest fat, laryngeal or tracheal symptoms. Either large appetite or none.

Ferrum.—*Anœmia,* Diarrhœa, œdema of the lower extremities, emaciation. *Ferr.* is required in most cases for the constitutional condition.

Pulsatilla.—This drug is adapted to that form of Indigestion in which *fat,* an important constituent of a mixed diet, is distasteful, and is not taken without more or less derangement of the mucous membranes.

Lycopodium.—Useful if the chest symptoms are associated with *chronic Indigestion*—intestinal *flatulence,* Constipation, etc.; also in chronic Pneumonia.

Hyoscyamus.—Night-cough, especially when the cough commences or is *aggravated on lying down.*

Bryonia.—Tearing dry Cough, as if the chest or the head would burst by the effort; *stitching pains in the sides,* catching the breath; dyspnœa.

Drosera.—Severe spasmodic Cough, causing frequent *discharges of blood.* Pain in chest on coughing causing patient to hold his side.

Arsenicum.—Tightness of the chest; oppressed breathing, aggravated by lying down; chilliness in the chest; or soreness and burning from coughing; exhausting Diarrhœa; *rapid emaciation;* depression of spirits. *Ars.* is valuable in all stages of the disease, and especially in the last.

Hepar Sulph.—Tubercular persons, in the early stage. The chief symptoms are—*hoarse, rough, or weak voice, hollow Cough,* with expectoration of mucus, sometimes of blood; dyspnœa, especially on lying down; night sweats; pain after the smallest quantity of food; clay-coloured or greenish stools.

Sulphur.—Valuable for the constitutional condition; also as an *intercurrent remedy* throughout the disease.

Nux Juglans.—Tubercle of the lungs, swollen glands, hardness of abdomen, etc. See also "Pneumonia," "Cough," "Hæmoptysis," etc. Besides these remedies Tuberculin in some form should be used. It is made from the tubercle bacillus and acts in the manner of a vaccine. It must be given in occasional doses and the repetition of the dose is a matter for most careful and individual attention. It is best avoided in high potencies in acute conditions. Potencies can be used, or one or other of the Tuberculins injected. Rosenbach's Tuberculin is a valuable form.

Inhalation (see Sec. 32) is often a useful method for administering such remedies as *Iodine, Kreasote, Aconite, Bryonia, Hyoscyamus, Belladonna, Ipecacuanha, Sulphurous Acid,* etc., especially when the throat and large bronchial tubes are involved. Apart from medicines, the simple vapour of hot water is of great utility; it soothes the inflamed mucous membrane, and assists in detaching mucous from the air-passages.

GENERAL MEASURES.—To describe in detail the general treatment of consumptive patients were to write a treatise on hygiene; we shall therefore only mention several of the most important points.

1. *Nutritious Food.*—The diet should be nourishing, digestible and sufficiently abundant; including animal

food twice or thrice a day ; fish, especially oysters, good home-made bread, not less than one day old ; puddings of arrowroot, rice, sago, or tapioca, with milk ; various kinds of green vegetables and mealy potatoes ; *good milk,* eggs raw or beaten up with a little milk ; alcohol is best avoided as a rule. Pork should be avoided ; also veal ; pastry ; and all articles that give rise to irritability of the stomach, nausea, eructations, or any other symptoms of Indigestion.

Cod-liver oil must be considered as an item of food, and a very important one ; and properly administered may be expected to be productive of the happiest results. If, as is occasionally the case, cod-liver oil disagree with the stomach, the author has found *Cream* or Maltine of great value as a substitute, though it is inferior.

Koumiss has the reputation of being curative. Cough mixtures, lozenges, etc., should be avoided.

2. *Clothing.*—This should be sufficiently warm to maintain a vigorous cutaneous circulation ; the extremities especially should be kept warm, to obviate Congestion in the chest or abdomen. Silk and wool or linen mesh underclothing is valuable. The great rule is to have the patient warm enough to be comfortable but not overloaded with clothes. Especially too many bed-clothes must be avoided. There is no better way of dealing with night sweats than to diminish the weight of bed-clothes. In sanatoria they are rarely seen.

3. *Bathing and friction of the skin.*—Except in confirmed cases, bathing is generally beneficial ; even sea-bathing may be often recommended. But on no account should the patient bathe when exhausted by fatigue, or when the body is cooling after perspiration. When sea-bathing is not admissable, sponging the chest and back with water

to which sea-salt has been added, can generally be borne and enjoyed; and when it is followed by a general glow, it is a most valuable aid in promoting the capillary circulation. Under all circumstances, vigorous friction should immediately follow the bath, as reaction is thus rendered more complete. In cases in which patients are prevented from taking exercise, friction by means of bath-sheets or flesh-gloves is the more indispensable. Bathing must be regarded as injurious if after a brief immersion the surface remains cold, numb, and pale, in spite of the use of good friction, or if the patient is more sensitive to cold after a bath. In such cases, warm salt-baths are recommended.

4. *Exercise.*—Next to diet, the unrestrained exercise of the muscles and lungs in the pure open air is of the greatest importance. "The more fully the lungs are judiciously used, the more is their capacity nursed; and conversely, the less they are used and expanded, the more useless are they likely to become, if not absolutely diseased. Under a judicious system of training, an undeveloped man, even although he may be feeble, narrow-chested, and sickly, may yet become active, full-chested, and healthy. It is therefore within the power of the medical officer to direct the physical training of young persons, so that the apparently sickly and the short-winded may in time be developed into the wiry and active young man, long in wind, sound in body, and lithe of limb; a result which, however, can only be attained by judicious feeding, careful exercise throughout the development of the body, and by the gradual nursing of the breathing powers" (*Aitken*). The guide to the regulation of exercise is the thermometer as used in open air sanatoria. Any patient in whom tuberculosis of the lungs is diagnosed should at first be allowed no exercise but slow steady

walking, if possible, with occasional ascents of gentle slopes, but all done so slowly as not to make the patient get out of breath ; and the limit of distance should be that which does not cause the temperature to rise beyond 100° Fahr., taken immediately after the exercise. If the temperature exceeds 100° then the walking distance must be shortened : if it does not exceed 100° then gradually the distance may be lengthened always checking the result with the thermometer. When a distance of eight or ten miles can be traversed without dangerous reaction, other forms of exercise can be cautiously attempted especially out of doors occupations, such as gardening. After a time even heavy digging is permissible. Always the thermometer should be used to measure the reaction.

If possible, exercise should be so taken as to bring all the muscles into moderate and agreeable action, and with the body in an erect posture. Walking exercise secures these conditions to a certain extent ; but riding on *horseback* has the advantage of permitting the patient to breath a large amount of fresh air, while it does not occasion fatigue or great difficulty of breathing. When a patient can walk and garden without fatigue, other forms of exercise may be tried. Golf is often permissible and croquet or bowls among games. Gymnastics require much caution in their application.

But excessive exertion, either of the mind or body, should be avoided, and an interest fostered in the wonders and beauties of nature—the garden, the farm, the mountain-side, and the river.

5. *Healthy residence.*—The position of the *house*, the prevailing winds, the aspect of the room (of the bedroom especially), the windows, the position of the bed, and the provision for ventilation, should be considered. The

climate should be moderately warm, *dry*, and uniform, to suit the consumptive. A *voyage* under favourable conditions sometimes wonderfully renews the constitution, if the patient does not suffer from sea-sickness. A patient, too, should be able to command every comfort in a long voyage, and to spend most of his time on deck. There is splendid accommodation now offered by the leading shipping lines, such as the "Orient" and "P. and O." Companies, but where patients can stand a longer voyage we should prefer a sailing ship. The climate of, and voyage to, South Australia is often suitable. Facts have been adduced which prove that Phthisis prevails very extensively in Australia, among those following occupations liable to be so affected, and that in rapidity of course, and in fatality, it rivals the same disease at home. It is only an out-of-door life in the pure air, and under the clear sky, with a favourable temperature and the absence of humidity, that is likely to benefit a youth in the incipient stage of Phthisis, who leaves our shores to rough it in Australia. Among continental places of residence for the consumptive, Davos Platz, and other places in Switzerland, possess a high reputation. When removal to a foreign country is impracticable, Torquay, Undercliffe in the Isle of Wight, Hastings, Bournemouth, Worthing, and Queenstown (Ireland), are places in our own isles to which consumptive patients may resort with great benefit.

On the whole, it is desirable for a patient to endeavour to cure himself in the country in which he has to live. Cases will often rapidly improve in dry Swiss mountain air, and relapse on returning to our moister English atmosphere, whereas had an English sanatorium been sought at first, progress, though slower, might have proved more permanent. The open-air treatment in sanatoria has done a great deal for many cases of tuberculosis. The constant supervision, graduated exercise, and extra feeding and the abundance of air and sunlight are of incalculable value in early cases, and even some advanced cases benefit remarkably. Tuberculin or other drug treatment can be combined with routine sanatorium treatment.

PREVENTIVE TREATMENT.*—There is an antecedent condition of tubercular Phthisis in which treatment is most hopeful, which is characterized by Indigestion, furred tongue, failing appetite, dislike to fatty kinds of food, pallor, and loss of strength. This, the antecedent stage, is the most important for treatment; and that treatment includes the prescription of remedies, fresh air, and healthy occupation for improving the nutrition of the patient. In short, the *early* adoption of all those *general measures* which have just been pointed out.

In conclusion, all excesses must be avoided, whether in wine, the pleasures of the table, exercise, or in the gratification of any passion which over-stimulates the mind or the body. Business and intellectual pursuits should not be followed to the extent of inducing mental or bodily fatigue, but should be laid aside as early in the day as possible, and while there is sufficient strength remaining to permit the patient to engage in healthy exercise.

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* At a meeting held at Marlborough House on December 20, 1898. Sir W. Broadbent, Chairman of the National Association for the Prevention of Consumption, emphasized the importance of educating the public as to the means of preventing the spread of the disease, and of providing sanatoria for its open-air treatment.

66.—Tabes Mesenterica—Consumption of the Bowels.

DEFINITION.—A growth of tubercle in the mesenteric glands, which undergoes changes similar to those in the lungs. It may be associated with tubercular ulceration of the bowel and tubercular Peritonitis. It may cause death through wasting and gradual exhaustion. The condition in infants known as marasmus, when nutrition fails and the patient becomes more and more emaciated, may be due to tubercle, but it is a name for a condition, and not for a disease.

SYMPTOMS.—Swollen and tense abdomen; irregular action, or, more generally, relaxation of the bowels, with unhealthy, fœtid stools; passage of undigested food; pain in the bowels, so that the patient draws his legs up towards the abdomen; at the same time he is feverish and indisposed to activity. There is also pale and flabby skin; anxious and aged expression; inordinate or fitful appetite. The process of absorption becomes suspended, so that the quantity of nutriment added to the blood is inadequate to the requirements of the system; Hectic fever sets in, with obstinate diarrhœa, extreme thirst, restlessness, and sleeplessness; the body wastes until the degree of emaciation becomes extreme, hence the term *tabes* (to melt away); and the patient dies, in most cases, from actual starvation. If, however, treatment is resorted to before the disease has advanced too far, the patient slowly recovers. When Peritonitis occurs, there may be accumulation of fluid in the abdomen, often purulent. An operation may be required to deal with this.

TREATMENT.—The remedies required in the affection are especially *Iod.*, *Ars.*, *Calc.-C.*, and *Sulph.* Where there is obstinate constipation *Plumb. acet.* 3 trit., 2 or 3 grain doses three times a day, has cured many cases.

The best hope of cure is in *early* and judicious treatment; the disease, however, is so serious that it should only be confided to a homœopathic practitioner.

ACCESSORY MEANS.—The food should be *nourishing* and simple,—fresh meat, goat's milk, beef tea, *soda-water* or *lime-water with milk* and *cod-liver oil.* Warm clothing, including a flannel bandage around the abdomen, to guard against the vicissitudes of the weather.

For Tubercular Meningitis, see "Diseases of the Nervous System."

67.—Diabetes—Diabetes Mellitus.

DEFINITION.—A constitutional disease, characterized by an excessive discharge of pale, sweet and heavy urine, containing grape-sugar.

SYMPTOMS.—*Malaise,* excessive debility, and progressive emaciation; red and fissured tongue, enlarged papillæ circumvallatæ, intense thirst, frequent micturition; voracious appetite, and sinking at the stomach, the bowels are usually costive, and the evacuations dry and hard; the skin is harsh and dry; and the breath has sometimes a peculiar smell like chloroform. Boils, or carbuncles, swelling of the legs, etc., may accompany the disease. In advanced stages, some form of lung Inflammation, or Phthisis, is not an infrequent complication. The *insatiable thirst,* uninterruptedly torturing the patient, is a highly characteristic symptom. The temperature is almost uniformly below the normal, rarely exceeding 97° Fahr., and sometimes being as low as 94° or 95°. These are the symptoms of true Diabetes Mellitus, a disease which is all but incurable and fatal. But there are conditions when sugar is passed, often in quantity, for years without apparently serious effect on the health. These conditions generally occur in later life. In all forms of glycosuria, dieting (see below) will diminish the amount of sugar. In the less serious conditions it may relieve all serious symptoms or even cure the patient. In the grave cases, however, it only defers an almost inevitable end. The symptoms of all kinds of glycosuria are similar, though naturally they are more marked in the graver cases. These last generally end in coma, which is associated with the presence of acetone in the urine.

The quantity of urine is generally in great excess, amounting to from eight to twenty or even thirty pints daily, inducing frequent calls to micturate day and night, and producing soreness and Inflammation of the urethra. Thirty pints of urine of the specific gravity of 1.040, which is about the heaviest, contains nearly four pounds of sugar. In a few months patients often pass a quantity of sugar equal in weight to that of their own bodies.

DIABETIC TEST.—Diabetic urine is of a pale straw-colour, has a faint smell of apple, hay, or milk, is of high specific gravity (1.025 to 1.050), and is passed in large quantities. When there are excessive discharges of urine, especially if associated with the above symptoms, an examination of the urine should be made. There are various tests for diabetic sugar, but the one most readily practised is *Trommer's* and is as follows :—

Half fill a test-tube with the urine to be examined, and add about two drops of a solution of *sulphate of copper* to make it slightly blue, and then excess of *liquor potassæ* enough to clear it, by re-dissolving the precipitate which it at first produces. Let it boil up once over a flame and if there be sugar, there will appear a reddish-brown precipitate of the sub-oxide of copper; but if there be no sugar, a precipitate of black oxide of copper.

Among other tests may be mentioned Fehling's, Haines', and Dr. George Johnson's. These latter are described in Goodno's "Practice of Medicine" as follows:—

HAINES' TEST.—This test was devised by Prof. W. S. Haines, of Chicago. *Directions.*—Dissolve 30 grains of pure sulphate of copper in half an ounce of distilled water; add half an ounce of pure glycerine, and, after thorough mixing, five fluid ounces of liquor potassæ. Of this fluid, about one drachm should be boiled in a test-tube. Add slowly six to eight drops of the suspected urine, followed by a second gentle boiling. The presence of sugar is indicated by the appearance of a copious yellowish red or yellow precipitate.

PICRIC ACID TEST (Dr. G. Johnson's). Add to a quantity of urine in a test-tube one half the amount of a saturated solution of picric acid, and the same of liquor potassæ. If sugar is present the fluid assumes a dark red colour on boiling, the depth of colour depending on the amount of sugar.

The urine should be examined more than once, because the presence may have arisen from some unusual article of diet, and be only temporary. Excessive discharges of urine may also occur in Hysteria, Diabetes Insipidus, and other disorders. The most certain information concerning diabetic urine, however, may be obtained from its specific gravity, which varies from 1.025 to 1.040 or upwards, according to the quantity of sugar it contains. Whenever the urinometer stands above 1.030, we may conclude that sugar is present. But in all cases the total amount of urine passed in the 24 hours must be measured for accurate calculation.

Cause.—A defect in metabolism, so that sugar, which ought to be available for the maintenance of the body, enters the blood, and leaves it again unchanged, and is discharged in the urine. And here we refer not merely to sugar which is taken as such into the mouth, but to that which is formed out of the starch contained in food. The underlying causes of this defect in metabolism are various and differ in different cases. Some are removable by dietetic and medicinal treatment. Some appear essentially unaffected by either.

Diabetes Insipidus.—In this affection the quantity of urine is largely increased, but it is clear and colourless, of low specific gravity (1.003 to 1.007), and is devoid of sugar and albumen. Thirst; a dry harsh skin; and mental and physical weakness are generally present.

Treatment.—*Acidum Phosphoricum.*—This medicine, with attention to dyspeptic symptoms, generally relieves, and not unfrequently cures the milder cases. The special symptoms calling for it are,—frequent urging to urinate, pain in the loins, emaciation, and prostration; it is particularly valuable in cases of a *nervous origin.* Immediate improvement ensues, both in general health and in the condition of the urine. In one case reported, "at the end of the fourth week the sp. gr. was 1.018, and there was less sugar by about one-fourth. After the lapse of four months the patient was perfectly well." We have found that great benefit follows from the administration of this remedy in the 1x dilution, several times a day.

Uranium Nit.—This medicine has sometimes proved efficacious. Dr. Edward Blake's monograph on the drug in the Hahnemann Materia Medica should be consulted in reference to it. Dr. Cornell has furnished us with interesting details of several bad cases cured by it. Dr. Holland has also reported to us a case in which, under *Uran.-Nit.*, *Ac.-Phos.*, and bran biscuits instead of ordinary bread, the urine was reduced in four months in quantity from four quarts to three pints, and in sp. gr. from 1.048 to 1.025. The strength returned with great rapidity, the general healthy appearance was restored, and there was no relapse The *Lancet* gives details of a cure by *Uran.-Nit.* The dose was $\frac{1}{6}$ of a grain given in water three times a day, and afterwards gradually raised to $\frac{1}{3}$ of a grain. A week later the patient was much better, and by the end of the second week the bowels were regular, the appetite and quantity of urine no longer excessive. The usual diet was then resumed, and muscular weakness alone remained.*

Syzygium jambolanum or *Jumbul,* suggested by Dr. Dudgeon. *Terebinthina* and *Arum Triphyllum* have also proved remedial. *Helonin* has been successfully administered by Drs. Hale and Payne. *Muriate of Quinine* is found to remove sugar from the urine. *Plumbum* also promises to be a successful remedy ; its action is specifically on the kidneys.

Ars., *Dig.*, *Nux.*, *Canth.*, *Eup.-Pur.*, *Chim.*, or *Merc.*, are often required to meet special symptoms.

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* See also *Homœopathic World,* vol. xxxi. (1896) p. 443, where reference is made to cases reported in the *British Medical Journal* by Dr. Samuel West ; and vol. xxxii. (1897) p. 536.

Accessory Treatment.—Amylaceous food, and every substance containing sugar, or that is readily convertible into it, should be avoided. The most nutritious food should be preferred, and the greater proportion consumed in the fresh state. Fat meat, fish, oysters, eggs, milk, good soups thickened with finely powdered bran, cocoa prepared from the nibs, lettuces with oil, vinegar, etc., may be taken, if they agree, and be varied to suit the patient. The action of all articles must be watched, and anything that occasions indigestion or increased saccharine secretion avoided. As a substitute for ordinary bread, which is inadmissible, *bran bread*, or *brancakes* or *ground almond powder* made into bread or biscuits, with eggs, are recommended. "Diabetic bread," made of the following ingredients bears a closer resemblance to ordinary brown bread than any previously suggested, and is often found more palatable. To eight parts of gluten add two parts of bran nearly free from starch, and a small quantity of butter It is more nutritious than any other, and prevents or corrects constipation. The excessive thirst of diabetic patients may be gratified, as fluids aid in the elimination of the sugar in the blood, and patients become greatly depressed if they are not allowed to drink as much water as they desire. Warm baths, the use of flannel, and a warm climate are valuable accessories in the cure of Diabetes. Dr. Bouchardat recommends "laborious bodily exercise, especially gymnastics," observing that profuse perspiration on farinaceous food lessened sugar in the urine. The improvement consequent on a course of Carlsbad or Vichy mineral waters is sometimes very marked. Cold winds, sudden draughts, or changes are injurious.

In Diabetes the removal from the diet of carbohydrate material sometimes leads to excessive consumption of meat and nitrogenous food. This is very undesirable. Good results have been obtained by systematic fasting for long periods combined with free purgation, and every diabetic should fast altogether from solid food for at least one day a week. This is the most important of all recent additions to our power to aid Diabetes.

Skim-milk Treatment.—Several cases have been reported in the medical journals of Diabetes in which the quantity of urine was steadily and greatly diminished, and the specific gravity correspondingly reduced by restricting the patient to six pints of skimmed milk per day. This treatment is cheap, and patients can adopt it without interfering with their usual occupations. Mr. H. May (Birmingham) gave five pints of milk a day to a diabetic patient, and in six weeks the specific gravity fell from 1.040 to 1.017; the patient at the same time became stout, and stronger than she had been for years. Mr. Donkin has also successfully prescribed it; but he insists that "skim-milk loses its curative power altogether, and becomes valueless as a remedy in Diabetes, when administered in combination with solid animal or other nitrogenous food. By the skim-milk treatment," he says, "I mean the administration of skim-milk properly prepared, in quantities measured and limited to the requirements of individual cases, given at regular intervals in definite doses, and to the exclusion of all other food for a longer or shorter period. This system of treatment, in short, must be pursued in a strictly methodical manner, and according to rule; and *if this is not done, success must not be expected.* He gives seven to ten pints, according to circumstances, divided into meals taken at regular intervals. Two or three pints may be made into curd daily, by the essence of rennet Dropsy has also been very successfully treated with milk diet in India. Hence we may presume that skim-milk has some effect on metabolism. After the skim-milk has been taken for about six weeks, almost every variety of animal food may be taken once, twice, or thrice daily, and bran biscuits, gluten bread, diabetic bread, and dry wines may be added by degrees to the dietary.

68.—Purpura—Land-Scurvy.

DEFINITION.—" A condition not usually attended by fever, characterized by purple spots of effused blood, which are not effaced by pressure, and are of small size, except where they run together in patches." This is the *simple* form (*Purpura simplex*). When the disease is accompanied by hæmorrhage from a mucous surface, it is called *hæmorrhagic* (*Purpura hæmorrhagica*).

CAUSE.—Purpura is a symptom rather than a disease and the causes are numerous. It occurs in certain diseases and as a result of certain poisons. Purpura Simplex is usually associated with joint pains and slight fever, and is called Rheumatic. A more severe form is associated with urticaria, and multiple arthritis (Schönlein's disease). Purpura hæmorrhagica is much more serious and may be associated with marked abdominal symptoms and Nephritis.

SYMPTOMS.—Languor, faintness, and gnawing pains in the stomach, usually precede, for some weeks, the appearance of spots. The appetite is variable, the tongue yellowish, the countenance is sallow, dingy, or bloated and pale, with swelling beneath the eyelids. The spots first appear on the legs, and afterwards, without any certain order, on the thighs, arms, and trunk of the body, their presence being attended with great weakness and depression of spirits. They are first bright red, but are distinguished from flea-bites by the absence of a central puncture ; in a day or two they become purple, afterwards brown, and when about to disappear, they assume a yellowish tint, and frequently have the appearance of *bruises*.

The pulse is feeble ; there are deep-seated pains in the stomach, chest, loins, or abdomen. Constipation, Palpitation, and irregular action of the heart, with a tendency to frequent Syncope, are the most distressing and dangerous symptoms. A peculiar danger attends this disease, in the occurrence of extravasation of blood into internal organs—the lungs, the brain, the liver, or the alimentary canal (*Aitken*).

P. Simplex is a disease of very little consequence, but *P. hæmorrhagica* is a much more serious affection.

EPITOME OF TREATMENT.—

1. *Febrile symptoms.*—Acon.

2. *Purpura simplex.*—Acon. (sometimes alone sufficient) Bell., Arn., Merc., Ac.-Sulph., Rhus.

3. *Purpura hæmorrhagica.*—Ham., Merc., Ars., Phos., Crotalus, Laches.

ACCESSORY MEASURES.—The general health must be improved by simple, good food (including plenty of fresh fruit juices), plenty of exercise in the open air and sunlight, healthy dwelling, and other hygienic conditions.

69.—Scurvy (*Scorbutus*).

DEFINITION.—" A chronic disease, characterized by sponginess of the gums, and the occurrence of livid patches under the skin, of considerable extent, which are usually harder to the touch than the surrounding tissue."

Causes.—*Vitamines.*—During the last few years it has been established that health is dependent on a sufficient supply to the body of ingredients present in some foods but not in others, known generally as vitamines. They exist in minute quantities and cannot be isolated yet. Their action is no doubt upon the general metabolism and very likely on internal gland secretions. By experiments in feeding it is possible to determine that certain foods contain them and certain other foods do not, and three classes have been identified. When any one of them is lacking, certain diseases (deficiency diseases) develop. Of these Rickets (q.v.) is certainly one and Scurvy is another. Beri-beri, a tropical form of neuritis is yet another. An adequate supply of appropriate food cures these deficiency diseases.

Symptoms.—"The condition is essentially marked by a dull leaden pallor of complexion; excessive bodily and mental lethargy; dyspnœa upon slight exertions, unaccounted for by the auscultatory signs; spontaneous effusions of blood-coloured fluid into the various tissues in the body, causing petechiæ and bruise-like patches to appear on its surface; together with (commonly) a livid, swollen, and spongy state of the gums, and a disposition for them to bleed upon the slightest irritation" (*Buzzard*).

Treatment.—All that is required to cure a scorbutic patient is the supply of those articles of food—*fresh vegetables, milk,* and good dietary generally—which contain elements the absence of which has led to the diseased condition. Eight to twelve ounces of *potatoes* a day are sufficient to prevent scurvy. Good *lemon-juice* and other vegetable acids are also recommended An ample supply of these acids, as well as of *preserved vegetables* should be provided for ships which are engaged in war, or have to make a prolonged sojourn where fresh vegetables cannot be obtained. For the ecchymosis and infiltration, compresses moistened with *aromatic vinegar*, or spirits of *Camphor*, are very useful. *Bry*. and *Ferr*. will correct some of the scorbutic symptoms. *Merc*. and *Phos*. others.

70.—Anæmia.

Definition.—A condition of the blood in which the *red corpuscles are deficient.*

Symptoms.—The skin, the lips, and the mucous membrane generally have a pallid, bloodless appearance, and the face looks like wax ; the lining of the gums and mouth is white, and the tongue is large, flabby, and pale ; the pulse is feeble, thready, beats about eighty times in a minute, and is easily excited. The patient becomes very *weak* and languid, is easily fatigued and loses breath ; there is Indigestion, loss of appetite, flatulence, and irregular action of the bowels ; in women there is scanty menstruation, palpitation, deficient temperature of the extremities and surface, and generally œdema of the ankles or even of the feet. There may be also dejection of spirits, and morbidly heightened nervous sensibilities.

Causes.—Seclusion from air and sunlight, and a poor quality of food. On these points Dr. Pollock says " The sufferers are the victims of our subterraneous kitchens and back shops, and of that atrocious domestic system which deprives young women in service of open-air exercise and enjoyments peculiar to their age. Secondarily, a depraved appetite arises, and tea with bread-and-butter come to form their sole diet, as all healthy desire for meat soon vanishes. These devitalized plants, which never see the sun, languish in nervous power, and furnish our worst cases of Hysteria."

Other causes are, copious or frequent small discharges of blood, as in Hæmorrhoids, too profuse menstruation, venesection, etc.; profuse or prolonged evacuation of fluids which contain much of the organic constituents of the blood also gives rise to Anæmia, as in Diarrhœa, Dysentery, Ague, etc.

ANÆMIA and PHTHISIS.—The diagnosis between these two diseases is easy to the physician, as the physical signs of Phthisis are absent in Anæmia. In the latter the pulse is about normal; in the former, it is accelerated; and, again, in Anæmia the temperature is below the normal standard; whereas in Phthisis it is considerably higher.

EPITOME OF TREATMENT.—

1. *From loss of animal fluids.*—China, Ac.-Phos.

2. *With scanty or suppressed menstruation.*—Puls., Ferr.

3. *From deficient open-air exercise and Sunlight.*—Ferr. and Puls., or Nux. V. *Nat. Sulph.* has been recommended as specific.

ACCESSORY MEANS.—The above remedies are only prescribed as auxiliaries to the hygienic treatment. *Nourishing digestible diet* is needful in quantities as large as can be assimilated—milk, eggs, and afterwards, fish, poultry, game, mutton, etc. *Moderate daily out-of-door exercise in a pure air is* indispensable; bathing, especially sea bathing, aids restoration.

71.—Chlorosis.

Definition.—This is a variety of anæmia accompanied by "A condition of general debility affecting young persons at about the age of puberty. There is deficiency of the red corpuscles of the blood, which gives the skin a pale, yellowish, often greenish hue. The temperature of the body is diminished, and morbidly sensitive to cold. In females there is generally delayed, suppressed, or imperfectly performed menstrual function. Respiration, circulation, and digestion are also disturbed; and the whole organism, physical and mental, is feeble and enervated."

The chief remedies are :—*Ferr.*, *Calc.-C.*, *Ac.-phos.*, *Puls.*, *Sulph.*, *Sep.*

72.—Pernicious Anæmia.

Chlorosis and Simple Anæmia are often troublesome and long lasting diseases, but with care and patience are curable. But the anæmia known as Pernicious anæmia is a much more grave disease. In its early stages, it can only be distinguished from simple anæmia by an examination of the blood, which requires an expert. In simple anæmias, there is a deficiency of red blood corpuscles and of hæmoglobin, the red colouring matter of the corpuscles, which acts as oxygen carrier, but in Pernicious anæmia there are serious structural changes in the corpuscles themselves. Its course is often prolonged over months, even years, and apparent improvement for a time may arouse hope but the usual course is gradually downward to increasing weakness, heart failure and death. The best chance of successful treatment lies in early treatment so that an expert should be called in to any case of anæmia that fails to improve. The treatment is in a general way fresh air and rest and good food, and in the sphere of drugs, the metallic remedies, *Arsenicum, Mercurius, Cuprum, Plumbum,* etc., are most likely to be of use, especially *Arsenicum.* As in all chronic diseases, however, the symptomatology of the case should be worked out in detail by an expert in Homœopathy, and the drug so found administered in infrequent doses of a high potency.

Leucocythæmia, etc.—There are several diseases characterized by increase of white blood corpuscles and sometimes by changes in the nature of them. These diseases are accompanied by swelling of lymphatic glands and often of the spleen and liver, and are all characterized by an appearance of anæmia. They are serious diseases and demand expert treatment.

73.—Dropsy, General and Local* (*Anasarca, Œdema, etc.*).

Definition.—A serous or watery accumulation in the aerolar tissue, more or less general throughout the body, with or without effusion into the serous cavities.

Dropsy is of two different varieties, for besides its occurrence in the meshes of the loose tissue beneath the skin, it may take place as a *local* Dropsy in any of the natural cavities or sacs of the body, and is named according to the parts involved. If the accumulation occur in the ventricles of the brain it is called *Hydrocephalus* ; if in the membrane that lines the surface of the lungs, *Hydrothorax*; if in the membrane of the heart, *Hydropericardium*; if in the abdominal cavity *Ascites*; if in the serous sacs of the joints, *Hydrops Articulorum*; if in that of the testicles, *Hydrocele.*

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* In this Section are included most of the *local* forms of Dropsy, both for convenience of reference, and to present a more connected view of the subject.

Dropsy is of course a symptom of disease not a disease in itself. According to Murchison, there are three forms of Dropsy—partial Dropsy, Dropsy at first partial but afterwards becoming general, and Dropsy which is general from the first. (1) Partial Dropsy is always due to excessive venous repletion; and this over-distension of the small veins is the result of some mechanical impediment to the venous circulation. Dropsy due to obstructed portal circulation may be recognized by the following clinical characters. It *begins* in the abdomen; dyspnœa *follows,* but does not precede the Ascites; there is a tendency to Vomiting, Diarrhœa, and Hæmorrhoids, or to Hæmatemesis. Further, the spleen becomes enlarged, and there are Varicose veins on the right side of the abdomen. (2) Dropsy at first partial but afterwards becoming general, commences in the feet and extends upwards; and this is also due to excessive venous repletion from obstructed venous circulation. But here the obstruction is in the central organ of circulation, and is most frequently mitral disease, or fatty heart, or dilated right side of heart, consequent on Chronic Bronchitis and Emphysema. (3) Dropsy invading all parts of the body at once is almost invariably *renal,* and albumen is present in the urine. Here Dropsy results from diminished activity of the kidneys, and is consequently chiefly met with in those forms of kidney-disease in which the tubes are blocked up by diseased epithelium or inflammatory products, as in Acute Nephritis and fatty kidney, and the later stages of Nephritis.

CHARACTER OF THE SWELLINGS.—Dropsical swellings are soft, inelastic, diffused, and leave for some time the indentation made by the pressure of a finger. In chronic diseases, and when the œdema is very great, the skin becomes smooth, glassy, and of a dull red or purple colour, and where the skin is less elastic, as over the tibia, it becomes livid or blackish, and troublesome, even gangrenous sloughs may form.

EPITOME OF TREATMENT.—

1. *General Dropsy.*—Dig., Apis., Ars., Bry., Apoc.
2. *Dropsy of the abdomen.*—Apoc., Ars., China, Crot-Tig.
3. *Dropsy of the ankles.*—Ferr., China, Ars.
4. *Dropsy of the brain.*—Hell., Merc., Bell., Apis.
5. *Dropsy of the chest.*—Bry., Dig., Ars., Hell.
6. *Dropsy of the heart.*—Dig., Spig., Ars.
7. *Dropsy of the testicle.*—Iod., Rhod., Puls., Graph.
8. *Dropsy of the joints (knee, etc.).*—Acon., Puls., Iod.,

LEADING INDICATIONS.—

Arsenicum.—It is a most useful remedy in œdema of the face, hands, and feet, and Anasarca from disease of the heart; also in Ascites with enlargement of the liver or spleen. It is especially indicated when there is much general debility, rapid emaciation, and anxious depression; constriction and oppression of the chest, and a sensation of suffocation on attempting to lie down; the skin is dry and pale, or burning and itching, and sometimes peels off in large flakes; and the tongue is red and parched, sometimes with excessive burning thirst; the pulse feeble and irregular, and the extremities cold.

Digitalis.—According to our experience in numerous cases this drug is most valuable in almost every variety of Dropsy, and often succeeds admirably in most desperate cases. It is especially indicated by a small, feeble, and irregular pulse, pale face, livid lips, distressing dyspnœa, inability to lie on the back. It benefits dropsical affections from heart or kidney disease by improving the action of these organs.

Apocynum Can.—The value of this remedy is due to its power of restoring the urinary secretion, which it often does rapidly, even after other remedies have proved ineffectual.

Apis.—The action of this remedy on the kidneys is sufficient to make it most useful in acute febrile Dropsy from a chill, in post-scarlatinal Dropsy, in that of incipient Bright's disease, and in that which sometimes appears in the later months of pregnancy, laying the foundation of future puerperal Convulsions; sometimes also, for a time, it removes the œdema of the lower extremities symptomatic of disease of the thoracic organs (*Hughes*). *Apis* is particularly valuable in Dropsy complicated with Strangury, Suppression, or other urinary difficulties.

Bryonia.—Œdematous swellings of joints; Hydrothorax; Dropsy, or œdema from the retrocession of perspiration or an eruption, or associated with chest symptoms—Cough, dyspnœa—or with Liver-complaint, Constipation, etc.

Helleborus.—Dropsical effusion in the ventricles of the brain (*Hydrocephalus*), in Hydrothorax and Anasarca, in which it often proves most valuable.

Ferrum.—Functional œdema, especially in anæmic or chlorotic females, with pale and cadaverous skin, feebleness, nausea after eating, Constipation, etc.

Sulphur.—Œdematous swellings following skin-affections or suppressed eruptions.

ACCESSORY TREATMENT.—A *dry*, soft, and moderately warm atmosphere is generally most suitable ; and if the Dropsy be at all owing to climatic influences, or to any endemic disease, a change of residence is necessary. A damp climate or soil is particularly unfavourable. In acute Dropsy the diet should be similar to that in acute fever ; in chronic Dropsy patients require nourishing diet, but on account of the extreme feebleness commonly present, only easily digestible food should be taken. When there is albuminuria and disease of the kidneys the amount of meat and fish taken must be strictly regulated and much diminished if not forbidden. It is well also to cut off common salt in the dietary as much as possible. To allay the burning thirst often experienced, cold water is the best beverage ; but any other that the patient desires, if not positively injurious, may be taken. Water may be said to be a real restorative, for it increases the amount of fluids excreted to an extent greater than its own bulk ; it also tends to improve the appetite and strengthen the pulse, while it diminishes the dropsical collections. It will thus be seen that the common notion that drinking water increases Dropsy is quite erroneous.

Warm baths for promoting perspiration, tapping, and other palliative measures may sometimes be necessary, but the propriety of such means can only be decided by the circumstances of each individual case.

74.—Rickets (*Rachitis*).

DEFINITION.—A form of general malnutrition which is specially characterized by peculiar changes in the bones, by which they are increased in thickness, especially at their ends ; moreover, they become softened so that they are peculiarly apt to bend. It is essentially a disease of childhood, and seldom occurs before the sixth, or after the eighteenth month.

CAUSES.—Rickets is proximately induced by improper food, and especially in relation to a deficiency of the appropriate vitamine. (See "Scurvy.") Anything, however, which interfered with development and nutrition, favours its occurrence. Want of sunlight, impure air, confinement, and lack of exercise, are important factors.* Prolonged lactation, and suckling the child during pregnancy, are accessory influences in some cases. Like scurvy, rickets may be found in the families of the wealthy under perfect hygienic conditions. It is most common in children fed on condensed milk, the various proprietary foods and food rich in starches.

SYMPTOMS.—The disease comes on insidiously about the period of dentition, before the child begins to walk. Mild grades of it are often overlooked. In many cases digestive disturbances precede the appearance of the characteristic lesions, and the nutrition of the child is markedly impaired.

There are three general symptoms of great importance. First, a diffuse soreness of the body so that the child cries when an attempt is made to move it, and prefers to keep perfectly still. Secondly slight fever (100° to 101.5° F.), with nocturnal restlessness, and a tendency to throw off the bedclothes. This may be partly due to the fact that the general sensitiveness is such that even their weight may be distressing. Thirdly, profuse sweating, particularly about the head and neck, so that in the morning the pillow is found soaked with perspiration.

Notwithstanding that rachitic children are sometimes unusually fat, the flesh is soft and flabby, the skin is pale, the bowels act irregularly, the motions are offensive, and the appetite is often ravenous. The cutting of the teeth is delayed, and if the child has already begun to walk, it now ceases to do so, sits "all in a heap," suggesting to the anxious mother that the back is "growing out." The child is weak, languid, peevish, and restless.

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* The Glasgow School of Pathologists attach more importance to confinement and lack of exercise than to any dietetic failure and their experiments are very convincing.

Before long the ends of the long bones become enlarged. This is most easily observed at the junction of the ribs with their cartilages (rachitic rosary), but the wrists, ankles and other joints are very often affected. The bones also become softer and more or less thickened throughout. If the disease is unchecked deformities follow. Thus, the limbs may become bowed, the ribs may be drawn in anteriorly, thrusting the breast-bone forward (pigeon-breast); the spine may be variously curved. The head is large, out of all proportion to the face; the forehead is high, square, and projecting, and the closure of the fontanelles is delayed. The abdomen is large and distended (pot-belly).

As the disease progresses, the child becomes shrunken and old-looking, the digestive functions are increasingly disturbed, the bowels are most irregular, and the nervous system acquires a peculiar excitability, and liability to grave disturbance from slight causes. Inflammatory and nervous complications are common enough, and often prove fatal, but as a rule the affection is amenable to treatment, if not too long delayed. Spasm of the larynx and convulsions occasionally cause death.

Treatment.—The better the conditions of the mother during pregnancy, the less likelihood is there of the development of rickets in the child. Rapidly repeated pregnancies and suckling of a child during pregnancy, seem important factors in the production of the disease.

The diet claims foremost attention in the treatment of rickets, and many cases may be cured entirely by qualitative adjustment of the food. Fresh cow's milk diluted with barley-water according to the child's age and digestive capacity, with added protein and fat in the shape of meat juices and cream, is the food which is most generally suitable. Care should be taken to examine the condition of the stools, and if curds are present the child is taking too much milk, or it is insufficiently diluted. Starchy food should be altogether avoided by rachitic infants under one year old. With older children, on the other hand, the milk diet may be supplemented by eggs. The principle of producing a sufficiency of protein and fatty food must not be lost sight of.* Green vegetables and salads are desirable.

Abundance of fresh air, sunlight, and cleanliness of surroundings, rank only next in importance to diet.

The child should be bathed daily in warm water. Careful friction with sweet oil is very advantageous, and if properly performed allays rather than aggravates the sensitiveness.

Care should be taken to prevent deformity. The child should not be allowed to walk, and for this purpose splints applied so as to extend beyond the feet are very effective.

Cod-liver oil, in doses of from half to one teaspoonful, is very advantageous.

Treatment must be thorough, and if commenced early the best results may be expected; for although one of the most common of children's diseases, it is yet one most easily arrested.

Phosphoric Acid.—Rickety affections of the bones, with pains in the limbs, and Diarrhœa.

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* Note that while butter contains the needful Vitamine margarine does not.

Calc.-C.—In fat children of soft flabby tissues; profuse perspiration about the head, which may be sour smelling; often wake up screaming in the night.

Silicea.—Corrects the *perspiration about the head, especially if offensive,* and upper portion of the chest, and the sensitiveness before described; it also controls the tendency to the increased growth of cartilage.

Calc.-Phos.—In many cases of Rickets this salt is of great utility, and if the child is fed by the breast, both the mother and child will be benefited by the medicine. Phosphate of lime has the power not merely to correct deficient consolidation of the bone, but equally to correct the consentaneous unnatural growth and malnutrition of the soft tissues of the body.

Asaf., *Phos.*, and *Sulph.* are also recommended.

75.—Infants' Scurvy—Barlow's disease (*Scurvy Rickets*).

DEFINITION.—A form of scurvy met with in infants, which from its occasional association with rickets, and from the resemblance of some of its symptoms to those of rickets, has been mistaken for that disease, and called "acute rickets." It is a true scurvy, and results from exclusive feeding on proprietary foods, condensed milk, or milk submitted to prolonged sterilisation—in short, any food deficient in vitamines.

SYMPTOMS.—The disease develops rather quickly, the child becoming pale, and very fretful, crying whenever moved or pressed, owing to tenderness of the bones. Examination of the latter reveals ill-defined swellings, more often towards their extremities. Fractures sometimes happen, and more rarely, a protrusion of the eyeball occurs from similar swellings in the orbit.

Before dentition the gums are unaffected, but otherwise they are swollen, spongy, and readily bleed. Bruise-like patches are common. The urine may be slightly bloody. The appetite is usually fair, and as a rule there is no vomiting or nausea.

In young children with difficulty in moving the lower limbs this condition should be suspected.

The characteristic lesion is a sub-periosteal hæmorrhage occurring without any inflammatory manifestations.

TREATMENT.—The essential feature of treatment consists in supplying fresh food in the form of fresh milk, sieved potato, fresh meat-juice, and a tablespoonful (in divided doses) of orange or grape-juice daily.

Recovery is usually prompt and satisfactory.

MEDICINES.—Practically the same as for Rickets (*q.v.*) and *Bry.*, *Merc.*, *Arn.*

CHAPTER II.

DISEASES OF THE NERVOUS SYSTEM.

76.—Meningitis.

DEFINITION.—Inflammation of the membranes covering the surface of the brain and lining the brain cavity.

The meninges may be inflamed as a result of injury to the skull or by extension from middle ear disease. Apart from these conditions the important forms of the disease are Tubercular Meningitis and Epidemic Cerebro-spinal Meningitis and other acute Cerebro-spinal Meningitis. Encephalitis or inflammation of the brain substance may accompany meningitis, but is best considered separately, and when both conditions are present it is difficult and relatively unimportant to distinguish the precise degree of each.

Meningitis is a very serious disease, and a physician's aid should be sought. The paragraphs that follow are to be taken as guides for such treatment as can be undertaken when skilled help is unavailable.

TUBERCULAR MENINGITIS.—This disease has also been called acute hydrocephalus, or water on the brain. It is much more common in children than in adults. In the latter it is usually a sequel to marked Tuberculosis elsewhere; in children it may be the first obvious sign of tubercle, although the actual source of meningeal infection in these cases is virtually always elsewhere in the body, *e.g.*, a causating gland infecting the blood stream, or tuberculosis of bone, middle ear, etc.

It may occur in the first year of life, but the most common time of attack is from the second to the fifth year. The membranes at the base of the brain are usually those most affected. Pus is exuded, tubercules are present and the lateral ventricles are dilated and full of a turbid fluid. Some encephalitis is usual.

SYMPTOMS.—Premonitory symptoms are common, restlessness, loss of appetite, peevishness and loss of flesh. Measles or whooping cough may be precedent conditions. The actual disease generally sets in suddenly with a convulsion, or with violent headache, vomiting and fever. The pain is intense and the short, sudden cry which it causes the child to utter is characteristic. Vomiting is independent of food-taking. Constipation is the rule. The fever rises gradually to 102° or 103°. The pulse, at first quick, becomes irregular and slow; muscles twitch and the pupils are generally contracted.

After a day or two this stage of irritation gives way to one of dulness and apathy with periods of delirium. The abdomen is retracted and the constipation obstinate. The head is drawn back and the neck rigid. Squint is common and the pupils now dilate. This stage deepens into coma with convulsions, relaxed sphincters and a final "typhoid" state. The temperature tends to be subnormal, but may rise very high just before death. The pulse quickens again at this period of the disease. Optic neuritis is often present. The whole duration of the disease may be from two to three weeks, but in adults when meningitis is a terminal lesion, and occasionally in children, it is very rapid and kills in a few days.

DIAGNOSIS.—Typical cases are fairly easy to diagnose. Lumbar puncture by an expert draws off the cerebrospinal fluid and in it tubercle baccilli may be found. Tubercular disease elsewhere naturally helps to the realization of the condition.

TREATMENT.—Very few cases of Tubercular meningitis recover and treatment is correspondingly hopeless. In the early stages *Calcarea* is the most hopeful remedy, especially in fat, chilly children with poor digestion. *Bryonia* may help the symptoms of onset. *Iodoform* and *Oxalic Acid* are both to be considered in the second stage, and *Hellebore* particularly when effusion may be held to have taken place into the ventricles. *Tuberculin* in relatively low potencies (Tub. Bov. 6 to 30) has now and then seemed to help.

It is usual to apply ice to the head, but very often hot applications will be found much more soothing to the delirium and convulsions, and *Belladonna* or *Hyoscyamus* may control these symptoms, though neither will cure the disease. Light diet, mostly fluid, should be given and in the rare event of the disease taking a favourable turn, great care is essential during convalescence.

77.—Epidemic Cerebro-Spinal Meningitis.

This is a disease due to a specific diplococcus and characterized by inflammation of the membranes of brain and spinal cord. When it occurs in epidemics it is easily recognized. Sporadic cases may be mistaken for Tubercular Meningitis. The symptoms generally resemble those described above. Herpes is common, and erythema. Headache is very marked with retraction of the head, and spasm of various groups of muscles, and sometimes violent delirium is present. The expert can draw fluid from the spinal canal and examine for the characteristic organisms. The treatment in general is as described above. The remedies most likely to help are *Gels.*, *Apis.*, *Lachesis*, *Tarantula*, *Hellebore*, *Veratr.-Vir.*

The organism of this disease enters and leaves the body by the mucous membrane of the naso-pharynx. Therefore great care is needed to guard against infection by coughing and sneezing, and a disinfectant gargle and nose wash should be used. Apparently healthy people can be "carriers" of the disease, and a bacteriologist may be required to identify them.

The anti-meningococcic serum of Flexner seems to have had great success in certain epidemics, though reports vary as to its efficacy. It is claimed that whereas before its use seventy-five per cent. of cases died, with its help seventy-five per cent. recover. It requires an expert, for it is given (up to 400-600 c.c.) intravenously or (up to 100 c.c.) into the spinal canal in severe cases: but for the latter meningeal fluid must be drawn off first, and it is possible that to this operation of lumbar puncture and drainage is due part of the efficacy of the treatment. The serum should be made from many strains of the germ (polyvalent serum). Recently in America, wonderful results were obtained by homœopathists, using the indicated remedy (after Gelsemium) in low to medium potency intra-spinally, as the serum is given. This method requires an expert, but should be tried, and it is possible that even in Tubercular Meningitis the plan might succeed.

78.—Acute Cerebro-Spinal Lepto-Meningitis.

Definition.—Inflammation of the membranes of brain and spinal cord, due to other organisms than those of Tubercular and Epidemic Cerebro-spinal Meningitis. These cases are associated with (*a*) acute fevers (pneumonia, erysipelas, small pox, enteric, measles, influenza, etc.); (*b*) injury or disease of bones of the skull (generally middle ear disease, or disease of nasal bones); (*c*) the terminal stages of chronic nephritis, heart disease, etc. The causal organisms vary with the associated conditions and may be pneumo-cocci, streptococci, typhoid germs, etc.

The symptoms are those already described under Tubercular Meningitis, except that squint, ptosis, or other nerve-muscle affections are common. Great general hyperæsthesia also, is to be noted, which suggests serpent poisons as remedies. In *any* form of meningitis is to be seen Kernig's sign, an inability to flex completely the extended leg on the abdomen. Lumbar puncture by an expert, and examination of the fluid is very helpful.

Treatment.—The remedies already mentioned are likely to be the most useful, and the intra-spinal method may be tried with them.

79.—Hydrocephalus.

DEFINITION.—A local dropsy, consisting of a collection of watery fluid within the cranium, which may be congenital or acquired.

The congenital form is generally noticed within the first year, before the sutures and fontanelles are closed, so that the bones yield to pressure from within. Infants are sometimes born hydrocephalic, when it is an occasional cause of difficult labour. It is due to obstruction of outflow of cerebro-spinal fluid from the brain ventricles, or to decreased absorption from the sub-arachnoid space.

SYMPTOMS.—The *premonitory* indications of this disease are not very distinctive; there may be squinting or rolling of the eyes if the disease be congenital, followed by convulsions and enlargement of the head.

The most marked features are—a disproportion between the size of the skull and that of the face, the fontanelles are wider than usual, and the bones feel thin under pressure of the fingers. Emaciation is generally present through non-nutrition; in some cases there is an unnatural fat condition. If an infant, he sucks well, even voraciously, and yet he does not grow; his bowels are constipated, and his motions unhealthy. The gradually-increasing head soon attracts notice: the anterior fontanelle pulsates, there is heat of the head; and the child becomes very restless. Fluctuation may be felt by applying the hand to the top of the head; the hair ceases to grow as usual; the face appears small and triangular; the countenance is dull, having an aged appearance; and the patient is continually wishing to lie down. In unfavourable cases the senses become impaired; Paralysis sets in; and the patient dies from exhaustion, Convulsions, or Spasmodic Croup, to which such children are liable.

The duration of the disease varies from one to eight, or even ten years. Should effusion be arrested, the accumulation of serum already present remains, for it is never absorbed.

TREATMENT.—The best remedies for this disease are those adapted to the constitutional cachexia: these are —*Calc.-C.*, *Sulph.*, *Ferr.-Iod.*, *Sil.*

Bell., *Apis.*, *Ars.-Iod.*, *Hell.*, *Dig.* or *Merc.*, may be required as adjuncts.

PREVENTION.—Dr. Von. Grauvogl states that in families in which hydrocephalic children have been born he has succeeded in preventing recurrence of cases by single alternate daily doses of *Sulph.* 6, and *Calc.-Phos.* 6, given to the mother during the term of pregnancy.

80.—Acquired Chronic Hydrocephalus.

This condition is nearly always due to compression of the veins of Galen by a tumour at base of brain or in the third ventricle; or the foramen of Magendie into the spinal cord may be closed and so fluid accumulates in the ventricles of the brain.

The symptoms are variable: Optic neuritis and headache and attacks of coma with a slow pulse are to be expected; but it is virtually impossible to distinguish this condition with certainty from brain tumour, which is so often the real cause. Treatment must be symptomatic and is not hopeful.

81.—Serous Meningitis.

This is a curious condition where the lining of the brain ventricles seems to secrete fluid in excessive quantities. It may be acute or chronic. The pressure symptoms of the acute stage resemble those of tubercular meningitis (*q.v.*), and those of the chronic form recall the symptoms of brain tumour. Fever is rare, however. This curious condition may subside and very possibly some reported cures of meningitis and tumour were in reality instances of this disease.

TREATMENT.—If diagnosed or suspected *Apis*, or *Hellebore* should be given a trial, and *Calcarea* would very likely be of service.

82.—Encephalitis.

DEFINITION.—Inflammation of the brain substance. The symptoms naturally vary according to the areas involved, but the following varieties must be briefly considered. As meninges and cord seldom escape the condition is best named Meningo-Myelo Encephalitis.

I. ACUTE POLIO-MYELITIS.

DEFINITION.—An acute infection, attacking particularly the grey matter of the anterior horns of the spinal cord and corresponding brain areas.

This is an epidemic disease and the cause of Infantile Paralysis which remains as a sequel to it and demands prolonged treatment. Mild cases of this disease are often overlooked and only the consequent paralysis of a group or two of muscles betrays the attack. Care is therefore needed not to overlook these unobtrusive cases.

Young adults are attacked, but the period of the first dentition (six months to two years) is much the most dangerous time.

The cause of the disease is a living organism which seems to invade the body through the upper respiratory tract—nose and pharynx. The most important effect of the organism is on the spinal cord, although meninges and brain seldom if ever escape altogether. The cells of the grey matter of the anterior horn of the cord are more or less destroyed and the localized symptoms in the muscles are the expression of the localized disease in the parts of the cord which are in intimate relation with those muscles.

SYMPTOMS.—Usually localized paralysis and slight fever are the first symptoms to attract attention, but now and then naso-pharyngeal catarrh, fever, drowsiness, twitchings or gastro-intestinal symptoms precede. Most generally groups of muscles with irregular, non-symmetrical distribution are paralysed. The legs suffer most and it is rare for the whole of any limb to be involved. Bladder and rectum generally escape. Numbness and other sensory disturbances (seldom pain) are usual, but the motor (muscle) involvement is the striking feature.

Now and then, in epidemics, the disease will ascend throughout the cord and cause death by destroying centres (respiratory for instance) in the medulla. Or the centres in the medulla, affecting eyes, tongue, pharynx may be almost the only ones damaged. At other times the meninges may be more involved and the symptoms may be those already described under Meningitis. Or the brain may suffer predominantly. These cases are sudden and acute, with vomiting and convulsions and a high degree of paralysis of one side of the body (hemiplegia). It must be understood that the nerve centres attacked may be few or many and distributed irregularly so that anomalous cases are common.

After the onset there is little change for two or three weeks, and then power begins to return to a greater or less extent. Some muscles will remain permanently atrophied, but the sooner treatment is undertaken the greater the chance of limiting the permanent loss. The mortality from this disease is seldom severe.

TREATMENT.—To disinfect nose and pharynx as well as possible is wise during epidemics, as the germ gains access by this route. The disease is now notifiable.

In the acute stage *Gelsemium*, (especially in the rarer cases which resemble neuritis, *q.v.*, and show pain and tenderness) is useful. Following this *Phosphorus* is most likely to help and *Manganese, Caustricum* and *Picric Acid.* After a few days *Secale, Plumbum,* or *Stannum* should be studied. The affected parts should be kept warm and at rest for the first two weeks. After this time massage is desirable, and later, electricity, Faradic if there is any response, or, failing response, Galvanic. Fatigue is harmful for months after the disease. As far as possible the affected muscles should be entirely relaxed. After a time systematic re-education of the wasted muscles does much good and although a damaged nerve centre is never restored, patience and training will make much of any power that remains, and encourage other muscles to replace as far as may be, those that are lost.

Some residual deformity is frequent and the orthopœdic surgeon's aid is often required to deal with these.

2. Epidemic Encephalitis (Lethargica).

Definition.—An infective disease (so-called Sleepy Sickness, not to be confounded with Sleeping Sickness, *Trypanosomiasis*), attacking principally the brain and often accompanied by lethargy or stupor and paralysis of cranial nerves.

There is no doubt that the disease is infective, though its organism has not been isolated with certainty. It is not the organism that causes Anterior Poliomyelitis. This latter disease destroys ganglion cells, which escape in epidemic encephalitis. The middle parts of the brain (pons and basal nuclei) are most affected, and the actual lesions found *post mortem* are not unlike those found in rabies and sleeping sickness, but the causative agent is a separate one from that responsible for either of these diseases. Influenza seems to predispose to encephalitis. Adults (over twenty) are more often attacked than children.

Symptoms.—There is a vaguely defined prodromal stage, with headache, lethargy and catarrh. The mode of infection is probably by nose or pharynx. Then in most cases lethargy deepens even to stupor, or coma. Paralysis of eye muscles causing squint, and dropped eyelids (ptosis) is very characteristic. Fever rarely lasts more than a week, but the lethargy remains, and headache. If roused, intelligent answers to questions may be obtained from the patient. There is now and then delirium and tremor, muscle twitchings and difficulties in speech are common. Pain is not as a rule marked, though there may be sensitiveness to touch and muscle tenderness. Other motor nerves than cranial may be involved with corresponding symptoms. The lethargy is the characteristic feature, whether due to toxæmia or to some interruption of normal stimuli in part of the brain.

Recovery is usual after a period of from two to twelve weeks, but a mortality of twenty-two per cent. has been recorded in one series of 168 cases. There may be mild and evanescent cases.

TREATMENT.—Isolation, careful nursing (especially with regard to possible bed sores) and careful feeding are needed. Feeding may have to be done by nasal tube or per rectum.

When the first cases occurred they were attributed to botulism, a bacterial disease. There is a nosode of this germ called Botulinum and it should certainly be tried in encephalitis, preferably in unit doses of the 30th or 200th potency. Otherwise the symptoms suggest *Baptisia* or *Bryonia* in the earlier stages and *Nux Moschata Arsenicum*, *Antim.-Tart*, or *Opium* when the fever subsides. *Chloral Hydrate* might be considered also: It is not a well known drug, but has symptoms that suggest its value here.

83.—Apoplexy.

DEFINITION.—A condition characterized by the abrupt loss, more or less complete, of consciousness, from extravasation of blood (*Hæmorrhage*) within the cranium.

The symptoms are usually sudden, and its development most rapid.

MODES OF ATTACK AND WARNINGS.—Apoplexy may come on *suddenly* or *gradually*. The patient may be suddenly struck—falling, at once bereft of motion and consciousness. Such a case is termed *Primary Apoplexy*. More frequently, however, Apoplexy is indicated by well-marked premonitions, which are, chiefly, Headache; giddiness, particularly on stooping; fulness and pulsation of the blood-vessels of the head; Epistaxis; retinal Hæmorrhage; sleepiness, with heavy or snoring breathing; transient blindness; considerable difference in the sizes of the pupils; deafness, or noises in the ears; momentary loss of consciousness, with or without indistinctness of speech or incoherent talking; flashes, motes, etc., before the eyes; vomiting, numbness or tingling of the hands or feet; unsteady gait; partial paralysis, sometimes involving the muscles of the face, sometimes those of a limb; the patient becomes comatose, and drowsiness gradually increases to perfect *Coma.* This is called *Ingravescent* Apoplexy, because the symptoms become worse *gradually.* The sudden attack is due to the extravasation of a large quantity of blood. The *Ingravescent* form is caused by a more gradual leakage and subsequent softening and destruction of brain tissue and its symptoms may be paralleled by those due to brain abscess or tumour. Different areas in the brain are concerned with the performance of different functions, and muscular movements and the nerves that govern muscle groups follow definite paths. The local symptoms therefore, of brain injury from hæmorrhage or tumour vary with the site of the lesion, and the site can often be diagnosed by the expert with accuracy from the symptoms. Hæmorrhages affecting the convolutions of the brain in the left frontal area are generally accompanied with more or less interference with the functions of speech and writing, and degrees of what is called aphasia or agraphia result. Symptoms of this order in the case of hæmorrhage follow the recovery from the attack.

SYMPTOMS DURING A FIT.—These vary according to the seat and amount of the hæmorrhage, and are sometimes so vague that cerebral hæmorrhage can only be suspected. Pain in the head, giddiness, faintness, sickness, labouring pulse, succeeded by some reaction, may only be present. In the early stage of an ingravescent case, before the patient becomes comatose, there is great depression in the circulation from the shock to the nervous system ; the surface is cold, pale, and clammy, and the pulse frequent, small and weak. As Coma comes on, the pulse becomes full, slow, and laboured (passes slowly under the fingers) ; the surface warm, sometimes preternaturally so, and perspiring ; the countenance has a peculiar bloated appearance, and is often congested ; the pupils are insensible to light, and usually dilated, although one or both may be contracted ; the breathing is stertorous from paralysis of the soft palate ; the urine is retained from inaction of the bladder ; and the bowels are sluggish.

One or several of the above symptoms may, however, occur as the consequence of Indigestion. Vomiting and Headache are more important as indications when they come on suddenly without any obvious cause, and not on first rising in the morning ; and the vomiting, or efforts at vomiting, are continued beyond the emptying of the stomach ; if these symptoms are associated with degeneration of the arteries, and Albuminuria, we may suspect the existence of hæmorrhage into the brain.

PREDISPOSITION.—(1) *Age.* After fifty, Apoplexy is one of the most frequent causes of death. This arises not so much from the year's of a man's life, as from a bad constitution and tissue-depravation, not often present in early life. After the middle period of life, the capillaries become impaired, and as a consequence, the veins congested. " The cerebral arteries also are often diseased ; the heart has often acquired an abnormal power, driving the blood with great violence, and with an increased momentum, towards the brain, while the lungs have their functions so impaired that the blood is only imperfectly oxygenated ; and all these are causes of Congestion, and of tendency to rupture of the vessels of the brain " (*Aitken*). (2) Intemperance, excessive eating or drinking, uncontrolled passion, pressure about the neck, too close mental labour, or other habits of life that lead to cerebral Congestion. (3) Disease affecting the heart, kidneys, or blood-vessels of the brain.

APOPLEXY NOT OFTEN SUDDENLY FATAL.—A popular opinion, to some extent shared by the profession, is current that an effusion of blood in the brain is a frequent cause of sudden death. In stories and theatrical representations the characters are made to die suddenly of Apoplexy ; in newspapers, too, accounts are often given of sudden deaths attributed to it. This error has also been fostered by another equally common, namely, that persons with short thick neck and red face are most liable to Apoplexy. It is true that such persons often die suddenly, but the suddenness of the death is generally due to heart-disease. A man with a red face has not necessarily more blood in his head than another with a pale face ; and if blood is poured out into the brain it is because the diseased blood vessel gave way under stress. It is, then, a person with diseased arteries in whom Apoplexy is likely to occur, and this may exist in those who are pale and thin and have long necks. Dr. Wilks states that he once knew a gentleman who had such an extraordinary red face that some young friends disliked to walk the streets with him, lest he should die of Apoplexy. This gentleman, whose face was of a deeply purple hue, died of heart-disease. " Although cerebral Hæmorrhage sometimes kills *rapidly*, it does not kill *instantly*, as rupture of the aorta, or heart disease, sometimes does " (*Jackson*).

Causes.—The main cause of Apoplexy is disease of blood-vessels; hence the increasing liability to it with advancing age. The gradual degeneration or calcification of arteries common to old age renders them inelastic, and as the blood is forced on them by the action of the heart, they give way.* Hæmorrhage within the cranium is sometimes caused by the bursting of *Aneurisms* involving the arteries of the brain. The idea that increased pressure on the blood-vessels of the brain, as during exertion or rapid movement of the body, is an *originating* cause of Apoplexy is incorrect; there must be actual degeneration of the arteries, the process probably of years, before they could give way. The *predisposing* cause of Apoplexy is generally bodily unsoundness, which may be especially due to granular disease of the kidney, or Hypertrophy of the left ventricle of the heart. Apoplexy is almost always the local expression of a general constitutional failure; hence it is classed as a constitutional disease.

Diagnosis.—*Apoplexy* is distinguished from Epilepsy in that the latter sometimes begins with a scream, is always attended by Convulsions and much frothing at the mouth—symptoms which do not occur in Apoplexy. In distinguishing it from *intoxication* or *poisoning with opium*, the history and circumstances of the patient must be considered. Is he likely to have been drinking? Is there an odour of spirits in the breath? Has he been low-spirited or in any difficulties likely to have led him to swallow poison? It is from such circumstances, considered in connection with the entire history of the case, that we must make our diagnosis; the condition of the brain, especially in the advanced stages, being nearly the same in all these cases. The importance of promptly recognizing

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* For a fuller account see the Section on *Old Age* and *Senile Decay*.

Apoplexy from alcoholic or narcotic poisons arises from the difference in the immediate measures that would be taken in the one or the other case. An emetic, or a stomach-pump, might remove in the one case, what if suffered to remain might lead to serious or even fatal results ; while in the other case wholly different measures would be necessary. It is obviously far better to mistake drunkenness for Apoplexy than Apoplexy for drunkenness and when any one is found deeply insensible he should be carefully attended under the direction of a medical man. Even if death could not possibly be averted, it is sad that a human being should die of cerebral hæmorrhage in a police cell. Under any circumstances, then, an unconscious person needs our care, for he may be so from a combination of causes ; a drunken man may have had his blood-vessels ruptured by a blow on the head ; or a drunken debauch may coincide with the breaking of a cerebral artery.

EPITOME OF TREATMENT.—

1. *For the premonitory symptoms.*—Nux V., Acon., Bell.

2. *Cerebral Hæmorrhage.*—Acon. (strong tinct.), Bell., Opi.

3. *Sequelæ* (*Paralysis, etc.*).—Acon., Bell., Phos., Cocc., Rhus.

LEADING INDICATIONS.—

Aconitum.—Full, rapid, and strong pulse ; dry, hot skin. This remedy is suitable for the premonitory symptoms, and for an actual attack, and both immediately and remotely is infinitely superior to the abstraction of ten, sixteen, or twenty ounces of blood.

Belladonna.—Red, swollen face, throbbing of the blood-vessels, convulsive movements of the face or limbs, dilation of the pupils, loss of speech, suppression or involuntary discharge of urine, etc.

Opium.—Drowsiness, stupor, or profound Coma; stertorous and irregular breathing; bloated face, stupid and besotted expression, half-open eyes, contracted pupils, cold extremities.

Nux Vomica.—Congestive condition of the brain, favouring Apoplexy. Even when effusion has taken place it is often the best remedy unless active febrile symptoms call for *Acon.* *Nux V.* is particularly valuable for patients who have spent a sedentary life, and indulged in a rich diet, wine, etc.

Phosphorus.—This remedy retards or corrects the *calcareous degeneration* of the arterial blood-vessels, which we have stated to be the great cause of the disease. It may be given when such a change is *suspected,* and also during recovery from a fit of Apoplexy from that cause.

Adrenalin is another drug that seems to cause arterial degeneration, and should therefore be useful in counteracting a predisposition to this disease. *Baryta Carb.* also is a valuable remedy for blood-vessels.

ADMINISTRATION.—During a paroxysm, one or two drops of the tincture in a teaspoonful of water, or on a small piece of sugar, every fifteen or thirty minutes; in *threatened* Apoplexy, a dose every hour; as the symptoms are subsiding, every three to six hours.

ACCESSORIES DURING A FIT.—1. If possible, the patient should be immediately conveyed to a large apartment where the cold air can freely circulate around him. 2. The neckerchief, and bandages of every kind loosened, and the patient placed in a warm bed, with the head moderately raised. 3. Warmth should be applied to the extremities and axillæ, cloths wrung out of hot water, and renewed as soon as they become cool, to the head; and a sinapism to the epigastrium. 4. At the same time, one of the aforementioned medicines should be given, chiefly *Acon.*, *Bell.*, or *Opi.*

After a Fit.—Should the patient recover from the fit, great and unremitting care must be observed to prevent another attack. The diet should be light, but nourishing; milk, light puddings, cooked vegetables, fish, etc., are extremely valuable; a full animal diet should not be allowed till all fear of a relapse is passed; and stimulants should most invariably be avoided.

After the attack, more or less paralysis will remain according to the site and extent of the hæmorrhage. This frequently passes off more or less completely, and the administration of well chosen remedies like *Phos.* and *Baryta Carb.* can do much to help it. (See Section on Paralysis.)

Moderate exercise of the muscles is a remedial agent of high value; it tends to promote a more active circulation through the entire system, and consequently, to diminish the pressure on blood-vessels which a little extra force might cause to give way. If active exertion cannot be taken, frictions performed by a second person by means of towels or flesh-brushes over the surface of the body and the extremities are necessary. The causes of the disease should as far as possible be avoided or modified.

Preventive Measures.—Undeviating temperance in eating and drinking. Physical and mental exertion and excesses of every nature; fits of passion or excitement; sudden changes of temperature, over-heated rooms, warm baths, wet feet, etc., must be uniformly avoided. Errors in diet, exposure to a hot sun, violent emotions, etc., may excite the gravest symptoms in persons predisposed to Apoplexy.

84.—Sun-stroke—Insolation—Sun-fever—Coup de Soleil—Heat-stroke.

Definition.—A paralysis of all the functions of the brain, occurring either gradually or suddenly, excited by heat, sometimes following exposure to the direct rays of the sun, particularly when to heat is added the pressure of tight and unsuitable clothing.

Symptoms.—The affection is generally preceded by premonitory symptoms, such as thirst, heat, and dryness of skin; Vertigo; Congestion of the eyes; frequent desire to micturate; Syncope follows, and is often instantly fatal; or insensibility and stertorous breathing occur, with or without convulsions; and a temperature which may reach 107°. In both varieties the mortality is high, and unexampled Congestion of the lungs is the most common morbid condition found after death.

Causes.—Beside the direct effect of heat, the fatigue consequent on continued physical exertion in a heated atmosphere, combined with breathing vitiated air in crowded compartments, or close, hot nurseries, predisposes to an attack. Hence its frequency amongst our soldiers who in Eastern countries are exposed to great heat, have to carry heavy accoutrements, and often sleep in crowded barracks, etc. "Two points are remarkable in the history of Sun-stroke—viz., its extreme rarity in mid-ocean and at great elevations. In both cases the effect of the sun's rays, *per se*, is not less, is even greater, than on land and at sea-level; yet in both Sun-stroke is uncommon; the temperature of the air, however, is never excessive in either case" (*Parkes*).

Treatment.—If there be *no convulsions*, the patient should be quickly stripped, placed in an empty bath, and suffused over the neck and shoulders till the temperature is reduced below 102°. For soldiers on the march it has been found useful to let cool water fall from a height of three or four feet on to the back of the head and neck. *Camph.* should be inhaled and given on sugar. A teaspoonful of brandy-and-water (half of each) may be given instead. When the danger is over, *Acon.*, may be given every ten minutes. If there be convulsions, the patient should be placed in a tepid bath, and cold water added till the temperature of the body is reduced to 98°. *Camph.* and *Acon.* may be given as in the other case. *Bell.* is to be preferred to *Acon.* if the eyes be staring and glistening.

Glonoine.—Very severe heavy and throbbing pain in the head, particularly at the back, or sudden loss of consciousness.

Belladonna.—Violent dizziness, or sudden falling down as if from Apoplexy ; redness of the face.

Camphor.—Great depression of the pulse, and pale face, with violent distress in the head ; followed immediately by a reaction—flushed face, accelerated pulse, etc.

The *effects* may usually be met by *Bell.*, *Hyos.*, or *Glon.*

ACCESSORY MEANS.—It is now generally agreed that Sun-stroke follows a depressed, and not, as was formerly taught, a stimulated condition of the nervous centres. The treatment, therefore, by the lancet, which a few years since was the orthodox method, and supposed to be strongly "indicated" has been generally abolished, and that by cold douche, or cold compress, constantly applied over the head, neck, and chest, is almost universally adopted.

PREVENTION.—Clothes should be light and loose, especially avoiding undue pressure on the veins of the neck. *Flannel* tends to prevent chills. Spirit-drinking, particularly in India and other hot climates, should be discontinued, as it undoubtedly predisposes to attacks.

85.—Paralysis—Paralytic Stroke.

DEFINITION.—Paralysis, or Palsy, is a condition in which there is loss of motion, to a variable extent, associated with disease of the brain or spinal cord, from injury to, or pressure upon, a nerve trunk, or from the action of a poison.

There are many different forms of Paralysis, some of which, with their chief causes, are as follows :—

HEMIPLEGIA is that form of Paralysis in which one lateral half of the body is affected from disease of the opposite half of the brain, the parts generally involved being the upper and lower extremities, the muscles of mastication, and the muscles of one side of the tongue, and the patient is said to have had a "paralytic stroke."

Hemiplegia may be very partial, as when it affects the third nerve only, causing dropping of the upper eyelid, to which that nerve sends branches, so that it cannot be raised except by the hand. This condition is termed *Ptosis*. The eye is also sometimes turned outwards or inwards (*squinting*) from a similar affection.

The chief *causes* are—cerebral Hæmorrhage (*Apoplexy*), obstruction of the blood-vessels of the brain, and consequent cerebral softening. The general pathology and treatment are the same as pointed out in the Section on Apoplexy.

PARAPLEGIA is a form of Paralysis, more or less complete, of the *lower half* of the body, in which the legs, and perhaps also the muscles of the rectum and bladder, are implicated. It is caused by disease of the spinal marrow, or of its membranes, or of the vertebræ, so that the marrow is either pressed upon or disorganized. The brain and spinal cord can be diseased in a variety of ways and give rise to a variety of symptoms. The diagnosis of the different conditions must be left to the expert, but the four chief varieties of chronic disease of nervous tissue are Infantile Paralysis, *q.v.* under Anterior Polio-myelitis, Locomotor Ataxy (Tabes Dorsalis) a late result of Syphilis, Disseminated Sclerosis and Paralysis Agitans. The last is characterised by tremor of the limbs, the symptoms of the second vary with the site of the diseased patches of nervous tissue, causing interference with both sensory and motor functions, and Tabes has well-marked interference with sensory nerves chiefly in feet and legs, inability to co-ordinate muscular movements, and a number of other symptoms making up a characteristic picture. Infantile Paralysis is the result of disease of the spinal cord cells, now known to be due to infection. It results in wasting and paralysis of groups of muscles, varying according to the site of the diseased cells.

FACIAL PARALYSIS is a local Paralysis of the *portio dura* of the eighth nerve from cold, and must be distinguished from Hemiplegia, in most cases being quite independent of disease of the brain, and is sometimes due to pressure on the nerve, or may follow the sudden exposure of the face to a cold draught. Sometimes it is due to growth of tumours at the base of the brain.

The features are drawn up to the opposite side; but there is still sensibility of the skin of the cheek, and the muscles of mastication act.

Other forms of Paralysis may be named: *General Paralysis,* or Paralysis of the insane; Palsy from *Lead,* Mercury, or other poisons; or from specific disease, as *Diphtheritic Paralysis.*

In general it may be said that nerve tissue once destroyed cannot be recreated. Treatment can do much to limit the disease and ameliorate symptoms. Simple facial

Paralysis nearly always recovers. For the more serious varieties, the best hope for treatment lies in selecting the patient's constitutional remedy or remedies.

EPITOME OF TREATMENT.—

1. *Facial Paralysis.*—Bary.-Carb., Caust., Bell., Acon.

2. *General Paralysis.*—Phos. (*from degeneration*); Bary.-Carb. (*of old persons*); Merc.-Cor., Cocc., Coni.; Plumb. (*with wasting*).

3. *Hemiplegia.*—Nux V., Arn. (*especially of the left side*), Phos. (*Tabes Dorsalis*).

4. *Paralysis of the upper eyelid* (Ptosis).—Gels., Spig., Bell. (*of the face also*); Stram.

5. *Diphtheritic Paralysis.*—Gels., Coni.

6. *Paralysis of Painters.*—Opi., Iod., Cup.-M., Ars., Alumen, Stannum.

7. *Tabes Dorsalis.*—Alumina, Arg. nit., Arsenic, Aurum, Phos.

8. *Disseminated Sclerosis.*—Sepia., Sulph., K.-Carb., Phos., Lathyrus.

9. *Infantile Paralysis.*—Phos., Arsen., Baryt., Calc.-C.

ACCESSORY MEANS.—1. *Electricity or galvanism*, judiciously employed, after the acute inflammatory symptoms have subsided, is an agent of great value. 2. The cold *douche*, bathing with salt water, or, if the patient be capable of the effort, sea-bathing, tends to promote the nutrition of the spinal marrow. 3. *Regulated exercise*—active when the patient is capable of it, passive when he is not—is of great ability in overcoming muscular rigidity, and restoring the functions of paralyzed limbs. 4. *Well-directed frictions* and *shampooing* tend to obviate the injurious results of continued pressure from lying on the paralyzed parts.

86.—Infantile Convulsions—Fits of Infants.

Infantile convulsions are the most frequent of the cerebral affections of children, and usually arise from some temporary cause, as teething, but sometimes are forerunners of Hydrocephalus. In children, a convulsion often takes the place of the rigor that occurs in adults at the commencement of acute diseases.

Symptoms.—In slight cases the child suffers from twitchings of the muscles of the face, some difficulty of breathing, rolling of the eyes, etc. In severe cases he suddenly becomes insensible, and the muscles of the head, neck, extremities are convulsed ; the eyes are insensible to light, and turn rigidly up and to one side ; the face is usually congested, but sometimes pale ; the lips are vivid ; and there is frothing at the mouth ; the hands are generally firmly clenched, and the thumbs turned inwards, with the fingers on them ; the feet are turned together, with the great toe bent into the sole, from the greater irritability of the flexor muscles. After one or two minutes the Convulsions cease, either altogether, or to recur in a short period.

Cause.—Irritation of the brain from pressure of a tooth upon an inflamed gum, or anything which over-excites the nervous system ; disease of the brain ; an insufficient supply of blood to the brain, as in badly-fed children ; improper food (which acts as an irritant) ; early toxæmia, as in the eruptive fevers ; the irritation of worms ; fright ; powerful emotions of the mother ; suppressed eruptions ; Indigestion.

Treatment.—*Belladonna.*—Convulsions with determination of blood to, or Inflammation of, the brain, *hot flushed face,* especially in stout children, who start suddenly in sleep, and stare wildly. Two drops of the tincture in a teaspoonful of water should be given early and repeated every fifteen minutes for several times.

Chamomilla.—Spasmodic twitching of the eyelids and muscles of the face, one cheek red and the other pale. It is especially suitable for irritable children, and in fits from Indigestion. True brain symptoms require *Bell.*

Opium.—Convulsions from *fright,* followed by *stupor,* with laboured breathing, and confined bowels.

Cuprum.—Red, bloated face, shrinking before an attack, which resembles an epileptic seizure.

Cina or *Ignatia.*—Convulsions from thread-worms.

Aconitum.—Fever—restlessness, flushed face,—and for *threatened* Convulsions (in alternation with *Bell.*).

Gelseminum.—Convulsions from *cerebral* diseases.

Accessory Treatment.—All clothing about the neck, chest, and body should be loosened; the head raised; the face sprinkled with water and plenty of fresh air admitted. A warm bath, at a temperature of 98° Fahr., is generally advisable, as it tends to withdraw the blood from the brain to the general surface of the body. The head should be cooled by the application of a thin damp cloth frequently re-immersed in cold water, or frequent sponging with hot water has an even more soothing effect. See "Warm Baths," Sec. 26.

87.—Laryngismus Stridulus—Asthma of Millar—Spasmodic Croup—Child-Crowing.

Definition.—A spasm of the glottis, causing closure of the *rima,* generally occurring in the first sleep; and rarely lasting more than a few seconds.

Children are liable to it chiefly during the first dentition; it may, however, occur in nervous, hysterical adults. It is a spasm of nervous origin, independent of any disease of the larynx. It is rarely, but nevertheless sometimes fatal.

CAUSE.—*Predisposing.*—It appears to be hereditary in some families. But it is mainly connected with a rachitic diathesis. It is found in children who have other characteristics of Rickets. The nervous system shares in the general debility, which is increased in the cases of those who live in close unwholesome air, who are insufficiently nourished, or are fed with unsuitable food, or are brought up by hand, and of those who are delicate and reared with difficulty. These are always susceptible to the least excitement or depression. The Thymus gland is sometimes found persisting in these cases instead of disappearing as it should as growth proceeds.

Exciting.—The attack is often brought on by the most trifling causes; a draught of cold air, a simple cold, the irritation of a growing tooth, disorder of the stomach, constipation, diarrhœa, derangement of any function, a mere start, a dance, excitement or irritation of any kind.

SYMPTOMS.—They come on suddenly, usually in the night. The child cannot inspire, struggles, gasps; presently the air enters with a *crowing* sound, and, for a time the child is well. But there may be a relapse after an uncertain interval. Or the breath may not return so readily as we have indicated; the larynx may be absolutely closed; for there is no noisy breathing, no "croupy sound." The child appears to have fainted, is very pale, slightly blue, not livid, except slightly in the lips; gasps and struggles for breath. Suffocation seems imminent. Presently the spasm ceases, the glottis opens, the air enters with a whistling, cooing, or *crowing* sound; the colour returns; and the paroxysm has passed away. Not unfrequently there are Convulsions; and particularly the muscular contractions of the thumbs, great toes, etc., which attend Convulsions.

DIAGNOSIS.—Where these signs of Convulsions exist, the peculiar, characteristic, *crowing* inspiration of Spasmodic Croup is diagnostic. It may also be distinguished from Laryngitis or Diphtheria by the absence of cough, *hoarseness*, and fever, both before and after the attacks, and by the suddenness of its accession, the climax being attained almost in a moment.

EPITOME OF TREATMENT.—

1. *During the attack.—Prompt* administration of Acon., alt. Samb. (*fear of suffocation, dry cough*); Gels., Bell. (*Convulsions*); Ipec. (*much mucus*); Spong., K.-Bich., Cup.-M.

2. *During convalescence.*—Phos. (*cough with soreness of the chest*); Spong. (*dry, hard cough*); Carbo V. or Hepar S. (*hoarseness with wheezing cough*); Sulph.

LEADING INDICATIONS.—

Aconitum.—Spasm of the larynx, inducing *difficult breathing;* febrile symptoms. In urgent cases, a dose every ten, fifteen, or thirty minutes. *Acon.* is of priceless value in spasmodic Croup, and often cures without any other remedy. If there be doubt as to the true character of the malady, it should be alternated with *Spong.* Even in true Croup, the remedy chosen should be alternated with *Acon.*, as spasm frequently occurs during the course of the disease.

Gelseminum.—Occasional acute attacks, which do not yield promptly and fully to *Acon.*

Phosphorus.—Cough, with soreness of the chest, following an attack.

Sambucus.—Burning, red, hot face, hot body, cold hands and feet, *during sleep ; on awaking*, profuse perspiration on the face and body, which continues during waking hours ; return of dry heat during sleep.

Belladonna.—Red *face, dilated pupils*, headache.

Ipecacuanha.—Bronchial irritation, *rattling of phlegm in the chest*, which is at times detached, and causes vomiting.

Spongia.—Weak or hoarse voice between the attacks.

Administration.—The remedy may be given in two or three-drop doses in half a teaspoonful of water every ten minutes, for three or four times ; after the attack is past, three or four times a day for two or three days, to prevent recurrence.

ACCESSORY MEANS.—The child should be promptly raised as soon as he begins to struggle, and placed in a warm bath. Meanwhile the throat should be fomented by means of a sponge wrung out in hot water. Fresh air should be admitted to the room by an open window. Ether or ammonia may be applied to the nostrils. A dash of cold water in the face or chest or better along the spine, will sometimes excite respiration. As it is rare for more than one attack to occur in one night, the patient may be laid down again, and comfortably wrapped up, as soon as the fit is over. When teeth are seen to be nearly through, the gums may be lanced. To avert further attacks, and to counteract constitutional tendency, good hygienic conditions should be secured, and exciting causes, especially such as arise in the digestive organs, should be removed. *Plenty of fresh, pure air* is imperatively required ; the danger of catching cold is less than that of spasm. Cod-liver oil should be given. The constitution must be strengthened by generous diet, adapted to the age of the child. The cold or tepid path should be in daily use. Excitement should be avoided. See also "Tetany."

88.—Epilepsy—Falling Sickness—Fits.

Definition.—Sudden and complete loss of consciousness and sensibility, with spasmodic contractions of the muscles, lasting one, two, or three minutes, recurring without any typical regularity, and followed by exhaustion and deep sleep. The Greek term, from which the name is derived, means literally a *sudden seizure*. The exact pathology of Epilepsy is still uncertain, but epileptic seizures are seen as the result of chronic infections, arteriosclerosis, growths, etc. When the convulsive movements always begin in one particular limb or group of muscles, and are always markedly associated with that part of the body, some pressure on the corresponding area of the brain cortex may be suspected due to tumour or meningeal thickening. These cases are known as Jacksonian Epilepsy and the question of operation should be considered for them.

Epilepsy is no new disease, and was perhaps as well known ages ago as at present. Notwithstanding our views of the gravity of the malady, greater importance was anciently attached to it from its being regarded as a direct infliction of the celestial powers, in token of their displeasure towards the individual afflicted, or towards the community of which he was a member. In the Jewish, Grecian, and Roman philosophy, it was made the foundation of the belief of possession by evil spirits.

The Aura Epileptica.—In the majority of cases, the premonitory symptoms are too brief to allow the patient to remove to a convenient place, or even to give an intimation of what is about to happen. In other instances an approaching seizure is clearly indicated for many minutes, or even hours, before its actual occurrence. The kind of warning is variable in different cases, often consisting of such symptoms as Headache, shooting pains, giddiness, indistinctness of vision, sparks of various colours, humming noises, or loud reports, strong odours, sneezing, strange tastes, hoarseness, irritability, gloomy mood, spectral illusions, etc. But the most striking premonition is that called the *aura epileptica,* a sensation compared to a stream of warm or cold air, to the trickling of water, or to the creeping of an insect, which commences at the extremity of a limb, and gradually runs along the skin towards the head ; or, occasionally, it gets no further than the pit of the stomach ; and, as soon as it stops, the fit occurs. A knowledge of these circumstances is important, as, in some instances, time is afforded to interpose remedies that may avert the paroxysm or at least to secure the patient's safety during a fit.

A Fit.—The patient utters a loud shriek or scream, and falls suddenly to the earth, convulsed and insensible. The cry is peculiar and often terrifying, not only to mankind, but also to the brute creation. The convulsive movements, especially of the head and neck, are often very extreme, one side being frequently more affected than the other ; there is violent closure of the jaws ; the tongue is liable to be bitten ; a foam issues from the mouth, often coloured by blood ; the eyes quiver and roll about, or are fixed and staring ; the hands are firmly clenched, and the thumbs bent inwards upon the palms ; urine, etc. sometimes escape involuntarily ; the breathing is impeded by spasm of the larynx and performed with a hissing sound ; the cheeks and lips are of a deathly pallor, the veins of the neck and forehead are generally distended, the heart acts tumultuously and death seems inevitable. Gradually, however, the symptoms remit, and the patient is left insensible and apparently in a sound sleep. A fit rarely lasts longer than from one to three minutes, although the painful nature of the spectacle makes it appear longer to a bystander.

SYMPTOMS FOLLOWING A FIT.—Some few patients recover perfectly in a few minutes; some regain consciousness, and then sink into a profound sleep; but more frequently consciousness is not immediately recovered, the slumber succeeding the struggles without any lucid interval. On emerging from the slumber the patient may merely feel languid and inert, or like a person stunned, or in a state bordering upon idiocy, unconscious of what has passed. Occasionally a fit is followed by an attack of insanity, in which the epileptic may commit murder, or other crimes.

GRAND MAL AND PETIT MAL.—The fit just described is *le grand mal* of the French; but there is also a milder form of the disease—*le petit mal*—in which there is but slight, or even unobserved, convulsion, only a transient pallor of the face, no bitten tongue, no foam, and but slight and momentary obscuration of the mental faculties. There is an endless variety in this form of the malady. But, although imperfect, it is yet real Epilepsy, and the "*petit mal*" and the "*grand*" often alternate, or the lesser grows into the greater.*

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* The following is an illustration from Trousseau of the *petit mal*:—A child in the midst of his play stops, slowly turns his head to the right side, and gazes with wide open eyes. There is no spasm of the facial muscles, but insensibility is at the time so profound that a needle passed into his flesh is unfelt. In about five seconds the child regains consciousness, but looks perplexed, or as though just awakening from a distressing dream. In a quarter of a minute more the attack is over and the child resumes his play.

Consequences.—These are generally most disastrous both on the physical and moral condition. Oft-repeated, severe attacks tend to destroy control of the appetite and passions, enfeeble the memory, impair the intellectual faculties, and, in some instances, terminate in irremediable imbecility. These patients rarely attain old age.

Causes.—Whatever the actual cause, Epilepsy is associated with an instability of the nerve centres which is often hereditary. Thus two or more cases may be observed to occur in the same family far more frequently than they would as mere coincidences. Hereditary tendency may be manifested by what has been termed the convertibility of nervous disease. Thus, a choreic patient may beget an epileptic child, or *vice versa*. This holds good of all neurotic diseases. Intermarriage of families having a tendency to nervous disease greatly strengthens the danger to the offspring. The marriage of near relations having such proclivities magnifies the danger immensely. Injuries of the skull; local irritation, as a splinter or shot under the skin; or in some internal organ; Tumours; Inflammations; parasites in the brain; malformations of the skull, as one half being unlike the other; osseous deposits within the cranium, especially spicula of bone formed on the inside of the *dura mater*. In *post-mortem* examinations, the bones of the head are sometimes found thickened or otherwise diseased. It is well known that Epilepsy occurs often in confirmed lunatics and idiots, as the result of some malformation of the brain. The most frequent *exciting causes* are—derangement of the nervous or sexual systems,—Hysteria, immoderate sexual indulgence, self-abuse, and physical and psychical prostration from any cause. The age at which the attacks most frequently commence is from the tenth to the twentieth year, when the important change of puberty takes place. The other most frequent period is from the second to the tenth year, during which the permanent teeth are cut.

Frights, fits of rage, overstraining the mind, gastric disorders, the irritation of worms—especially tænia—menstrual irregularity or suppression, and the sight of other epileptics, are also exciting causes. Chronic poisoning, especially lead-poisoning, should also be named.

TREATMENT.—*During a Fit.*—The patient's tongue should be put back into his mouth, and a cork or linen pad (as a roller bandage) fixed between his molar teeth, he should be laid on a couch, or rug, fresh air freely admitted around him, his head slightly raised, and all ligatures relaxed that interfere with circulation and respiration. Throwing cold water on the face appears to do no good; and restraint should not be exercised beyond what is necessary to prevent exposure, or to guard against injury. In Epilepsy preceded by the *aura* a firm ligature applied above the part where the sensation is felt, or the immediate inhalation of the vapour of *Nitrite of Amyl*, is said to prevent the attack occasionally. After a fit, the patient should be allowed to pass the period of sleep which usually follows without disturbance.

Between the Fits.—In addition to the administration of any remedy indicated, an endeavour should be made to discover, and then if possible to remove, the cause of the malady. But a cure is not always possible; and the obscurity which often surrounds the etiology of Epilepsy should tone down our prognosis of cure. Homœopathy, however, contrasts most favourably with Allopathy ; even when cure is out of the question, the striking relief afforded is worth all the pains taken to obtain it.*

EPITOME OF TREATMENT.—

1. *Recent Epilepsy.*—Ign., Ac.-Hydrocy., K.-Brom.

2. Chronic.—Bell., Cup.-Acet., Calc.-C., Sulph., K.-Hydriod., Œnanthe-Crocata, Plumb.

3. *From worms.*—Cin., Sant., Filix., Teuc.

4. *From onanism, sexual excesses,* etc.—Phos., Ac.-Phos., China, Ferr., Ac.-Sulph.

5. *From fright, and for fits in sleep.*—Opi.

6. *During Dentition.*—The treatment is similar to that prescribed in the Section on "Infantile Convulsions," and is generally successful.

7. *Additional remedies sometimes required.*—Chlor., Hyd. gr. ss.j (*Petit mal*) ; Stram., Agar., Plumb., Ars., Hyos., Cic., Zinc., Zizia.

LEADING INDICATIONS.—

Belladonna.—Sparkling of the eyes, dilated pupils, intolerance of light, flushes of heat in the head, and redness of the face, starting at the least noise, and other symptoms of cerebral congestion. If administered as soon as the indications of an attack are noticed, it may ward it off, or mitigate its severity. Hughes suggests *Glon.* for this purpose. *Bell.* is also useful when Epilepsy occurs during teething. (*See the Section on "Infantile Convulsions;" also "Chamomilla" further on.*)

Cuprum.—Indicated in preference to *Bell.* by *paleness* of the face, and by extreme severity of the Convulsions.

Nux Vom.—A striking cure in a case of sixteen years' standing is recorded in the *Medical Investigator.*

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* See *Homœopathic World*, 1911, p. 72.

An attack was always preceded by constipation, and directly induced by anger, and marked by spasmodic rigidity of all the muscles, throwing back of the head, vertigo and dull pain in the occiput, buzzing in the ears, bloated appearance of the eyes, dryness of the mouth, flatulence, and numbness of the arms and legs. This remedy—twenty drops (3x) in half a glass of water, a dessertspoonful every three hours—was administered, continued for eight days, and although the patient was angry many times afterwards, there was no recurrence of the disease.

Chamomilla.—Epilepsy in irritable children; the attacks are often preceded by *colicky pains*, sour vomitings, and *paleness* of one cheek and *redness* of the other.

Kali Brom.—This remedy is largely prescribed both by homœopathic and allopathic physicians; and certainly, in numerous instances, it tends to diminish the severity of the attacks, and to lessen their frequency. The drug is not suited for attacks of the *petit mal*, and its effects are most striking in recent cases. Its administration may be commenced in ten-grain doses three times a day, and, if necessary, the dose may be subsequently increased. After using this drug for a considerable time, in varying doses, we have not found its beneficial results more marked than those of the commonly used remedies, especially *Bell.*, *Opi.*, and *Ars.*, and as troublesome complications sometimes arise from its use before good effects are obtained, we do not recommend its use, except when it is homœopathically indicated, and then its effects will be obtained by non-poisonous doses.

Kali Hydriod.—Dr. T. K. Chambers recommends this drug as curative in recent cases, and ameliorative in chronic, and gives in his lectures interesting illustrative examples. We have used it with benefit in chronic cases.

Artemisia Vulg.—Fits recurring every three to five weeks.

Large doses of Bicarbonate of Soda have been recommended—on the view that a lessened alkali reserve in the body predisposes to the attacks. Thirty grains a day for a day or two might be tried if seizures were increasing in frequency.

Although it is early yet to speak dogmatically, it is common to find chronic intestinal infections (generally of B. proteus) associated with Epilepsy and other profound neuroses. If other treatment fails (or in addition to it) vaccine treatment based on the appropriate infection is a very promising measure and should certainly be tried. (See Diseases of Digestive System.)

ACCESSORY MEANS.—Hygienic treatment, especially such as the causes of the disease suggest, is of great importance. Regular healthy exercise is beneficial, but it should never be carried too far, as fatigue often excites an attack. Epileptic patients require much rest and frequent change; boys and girls should not on any account sit at lessons for three or four consecutive hours.

Should fright, disappointment, anxiety, or other mental influences tend to keep up the disease, *a thorough change* is necessary, including change of residence, companions, and habits. All ambitious intellectual exertion, especially rapid reading, and writing against time, should be absolutely prohibited. But "moderate employment of the thoughts, especially on familiar and interesting hobbies, is useful in preventing that stagnation or concentration of the mind upon itself which is so hurtful in all chronic complaints" (*Chambers*). Besides, the mind requires pabulum and exercise for its healthy growth. The *diet* should be nourishing and taken regularly, in moderate quantities, including animal food once or twice a day. As the appetite is often voracious, it should be judiciously controlled. Cold sponge-baths taken quickly, and followed by abundant friction, are favourable; but shower-baths do not usually agree, and bathing in the open sea is dangerous. All violent emotions, excesses of every kind, more especially sexual, should be strictly interdicted.

89.—Chorea—St. Vitus's Dance.

Definition.—A disease characterised by convulsive movements of the limbs, occasioning ludicrous gesticulations, and arising from incomplete subserviency of the muscles to the will. It has been wittily termed *insanity of the voluntary muscles.*

Causes.—Chorea is a manifestation of Rheumatism, and probably due, like that disease, to a specific organism. The heart therefore should always be carefully watched in Chorea cases. Nervous, unstable patients are more liable to the disease, and, as with stammering, the movements sometimes seem to come from a kind of unconscious imitation of other sufferers. Attacks may seem to be determined by emotional causes like fright or by worms, etc.

Epitome of Treatment.—

1. *From fright.*—Acon., Ign., Stram.
2. *From worms.*—Cin., Sant., Merc., Ign., Spig.

3. *In weakly children.*—Iod., Ars.; Ferr. (*with anæmia*); Sulph.

4. *With Rheumatic symptoms.*—Cimic., Spig.

5. *From causes not traceable.*—Cup.-M., Bell., Agar., Stram., Hyos., Zinc., Ars. The last-mentioned remedy is an extremely valuable one, especially in uncomplicated cases. In our treatment it has proved of the greatest value, and often curative.

In febrile, rheumatic, anæmic, or tubercular patients, a larger range of remedies is generally required.

General Measures.—The most important part of the treatment of Chorea consists in the use of moral influences. (1) There must be removal from too sympathising friends; the patient being placed under the care of a kind but firm guardian. (2) He must be encouraged to exercise his will in the control of the muscles; if the muscles of speech be implicated, inducing stammering or stuttering,* "the best way is for the person to humble himself to the infant state and be taught anew the use of language from those ingenious instructors who teach the deaf and dumb, and systematically learn to shape slowly and deliberately his mouth into the form requisite for definite enunciation. By practising thus at leisure, and before a looking-glass, he may gain great control over the articulating muscles" (*Chambers*). (3) The patient must not be allowed to associate with others similarly affected; nor should his disease be enlarged upon in his presence; his attention should rather be diverted from it as much as possible. (4) *Electricity* has been praised, but is of doubtful value. (5) When the constitution is feeble, the best *hygienic* measures must be adopted. The ordinary duration of the disease when untreated is about six weeks, but some cases are much more obstinate.

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* This form of imperfect speech must not be confounded with the stammering which arises from a habit of excited speaking, in which the patient's words splutter out of his mouth in hurried confusion, with an occasional hesitating interruption, leaving the hearer to arrange them as best he may. This may have been primarily induced by a nervous excitability, and may be overcome by the patient exercising control, and speaking each word *slowly and deliberately*. Some persons, after uttering a few words, suddenly stop, and the hearer must patiently wait for the next moiety of the speech; for if impatience be manifested, the interruption is only prolonged. This impediment may be controlled by learning anew the use of language in the manner above indicated.

Forcible control of the muscles only aggravates the disease.

90.—Hysteria.

DEFINITION.—A functional disorder of the nervous system, not exclusively confined to women, and therefore not of necessity uterine, but occurring in persons of a morbid impressionability of the nervous centres, and in whom there is not that equilibrium between the nervous and others parts of the organisation which usually exists. The relation of the disease to the sexual system is nevertheless close, but rather on the side of the psychical factors in sexual life than the physical. See Neurasthenia.

Formerly an opinion was current that Hysteria was directly due to disorders of the womb; but this we know to be incorrect, for it exists in women in whom all the functions of the womb are healthily performed, and even n women born without a womb; it is also met with in he *male* sex; men of exalted impressionability, under the nfluence of some powerful emotion, coupled perhaps with excessive bodily fatigue, break down under their feelings and become hysterical. We "look to see what organ is diseased, but find none; the machinery is good, but it is working irregularly; it is the engine with the fly-wheel gone."

Symptoms.—Hysteria is remarkable for the wide range and indistinctive character of symptoms, and the multitudinous diseases it may mimic; we may mention especially loss of voice, stricture of the œsophagus, Laryngitis, a barking cough (more annoying to the hearer than to the patient), Pleurisy, heart disease, difficulty in urinating, Neuralgia, disease of the spine or joints, and many inflammatory diseases. In these cases the patient deceives herself, and by extreme statements of her sufferings often misleads others. In some cases there may co-exist with Hysteria, indigestion, a more or less definite affection of the head, chest, or abdomen, or other condition of impaired health or constitutional delicacy.

The Hysteric Fit.—The patient screams or makes an incoherent noise, appears to lose all voluntary power and consciousness, and falls to the ground. On closely watching a case, however, it will be noticed that there is not absolute loss of consciousness; the patient contrives to fall so as not to injure herself or dress; an attack does not occur when she is asleep or alone; the countenance is not distorted as in Epilepsy; the eyelids may quiver and the eyes be turned up, but the eyes are not wide open nor the pupils dilated, as in Epilepsy, and the patient may be observed to see and to look; the breathing is noisy and irregular, but there is not such absolute arrest of breathing as to cause asphyxia; the fit continues for an indefinite period, followed by a great apparent exhaustion, but not by real stupor.

Epitome of Treatment.—

1. *The hysteric fit.*—Camph., Mosch.

2. *Between the fits.*—Ign., Plat., Cimic., Aur.

3. *Undefined cases.* Asaf., Bell., Puls., Staph., Valer., Cocc., Hyos., Nux V., Nux Mosch.

4. *Accessories.*—(1) Occupation and recreation. (2) Removal from injudiciously kind friends. (3) The disuse of stimulants. (4) The shower bath. For a fuller description of the causes, symptoms, and treatment, "The Lady's Manual of Homœopathic Treatment" may be consulted.

91.—Hypochondriasis.

Definition.—A functional disorder of the nervous system, attended with exaggerated ideas or depressed feelings, but without actual disorder of the intellect.

Symptoms.—The patient imagines himself, without sufficient ground, the subject of some serious disease, and is often haunted with the dread of insanity or of death. Frequently, at first, the patient considers himself seriously dyspeptic from the fact that he is troubled with flatulence, has a furred tongue, foul breath, irregular appetite, and generally obstinate constipation. After a time he complains of a gnawing or burning pain, of uneasiness at the pit of the stomach, or of more serious disease. He has great hope of getting rid of his malady, and strong faith, notwithstanding repeated failures, in treatment. Afterwards, from attention being directed to particular organs, functional disturbances arise—flushes, palpitation, suppression of bile, or bilious diarrhœa; symptoms which tend to confirm the belief that organic disease exists.

Causes.—Hereditary influences are potent and common; a taint of insanity, or other grave nervous disease, may be generally traced in near or remote ancestors. The development of the disease is usually in connection with the conditions of middle life, especially indolence and luxury; or, on the other hand, with anxiety and conscious failure in efforts to provide for relations and dependants. Severe shocks of a moral or emotional nature may give rise to the malady. The patient's complaints may, however, be not merely *fanciful,* but due to actual disease. Organic diseases of the liver or stomach are especially likely to evoke the symptoms of Hypochondriasis, or they may arise, or be excited into new action, by a concurrent morbid process. The statements and symptoms of a hypochondriac should therefore be carefully examined. It is often said that *reading medical books* frightens persons into the disease. This cause must, however, be very limited and trifling compared with the more potent and general operation of such influences as grief, fatigue, the failure of efforts, or the miserable and heart-wearing habits of an *idle life.*

Treatment.—*Nux Vom.*—Hypochondriasis associated with affections of the liver, irritability, and fractious disposition.

Aurum.—Melancholy, which nothing seems to affect; loathing of life or a *suicidal tendency;* religious melancholy; uneasiness, apprehensiveness, sullenness, and indisposition to conversation.

Arsenicum.—Melancholy, with debility; also for the *burning pains* sometimes complained of.

Ignatia.—Dejection caused by the loss of friends, pecuniary disappointments, or other depressing circumstances.

Pulsatilla.—Patients inclined to weep, and of a quiet and gentle disposition, the reverse of the *Nux Vom.* temperament.

Platina.—Where the dejection is caused by derangements of the uterine functions, especially at the change of life. *Sepia* and *Anacardium* are also useful in similar conditions.

Accessory Means.—The weary mind should be relieved, and vigour of body and cheerfulness of spirit secured by a course of out-of-door exercises, physical training, bathing, and suitable dietetic arrangements. Horse exercise and cycling are particularly advantageous. Exercise should be employed in such a manner as may be amusing to the patient, and to the extent of the healthy action of the muscles, but never sufficient to produce severe fatigue. If Indigestion exist, the article on that subject should be consulted. Hypochondriasis from sexual vices requires the aid of a physician.

92.—Neurasthenia.

Definition.—A state of exhaustion of the nervous system giving rise to forms of mental and bodily inefficiency. This is a disease as yet none too well defined; it runs on the one side into hypochondriasis; on the other into recognisable pathological states of the nervous system. But whereas with hypochondria there is generally plenty of nerve energy available though the consciousness is unduly concerned with the state of health, with neurasthenia the nerve energy is conspicuously deficient.

Heredity plays a part, for some are born with a smaller reserve of nervous energy and give out more readily under stress.

Apart from heredity the most frequent cause of neurasthenia is stress and strain and particularly all the strains that can be classed as "worries." Infectious diseases (Influenza prominently), abuse of drugs, alcohol, tobacco, are predisposing factors. But it must also be remembered that a neurasthenic often finds temporary relief in alcohol or drugs, and so acquires the habit as a result, not as a cause of his disease. The chronic intestinal infections (Gärtner, Proteus) already spoken of, are common underlying causes of Neurasthenia. The terrible strain of the Great War showed what a large part persistent stresses can play in causing the disease. Finally, sexual disturbances play a large part here as in hysteria. It is not disease of the sexual organs but baulked or unsatisfactory or disagreeable sexual experiences which leave the nervous system shaken and unstable. This, is, in brief, the doctrine of Freud and his followers, and there is a great deal of undoubted truth in it.

Symptoms.—These are very variable: physical and mental debility, loss of will power, more or less melancholy. These are constant as is also as a rule a low blood pressure. Hyperæsthesia is common, also sleeplessness. Otherwise the patient's subjective symptoms are seldom found to correspond to objective physical signs. Lack of self-control, the "irritable humour," finally a generalised sense of grievance against everything and everybody. These are the ultimate stages. Anxiety about special points (disease, death, etc.) develops, or one of the special fears ("phobias"). Of these, fear of being alone, of closed spaces, of open spaces, of thunder, etc., are the most usual. Reflexes are increased; subjective heart symptoms and the pain or pressure in the head are all common. So are flushings and sweatings, pulsations of big vessels. A movable kidney is often found.

TREATMENT.—Psycho-analysis has been and is of great service to neurasthenia. It is, however, a matter for the expert, and the amateur may do great harm. The one essential for the patient is to feel at home with the psycho-analyst—the least jarring or even unconscious antipathy will be fatal to success. Usually it is best for the patient to be treated by one of his (or her) own sex.

Apart from psycho-therapy, systematic rest and massage, isolation from worrying surroundings, change of mental occupations, are all helpful and palliative. Games and exercise are apt to be overdone in these cases.

Homœopathic drug treatment may be invaluable, but requires great patience and perseverance. Each case must be fully worked out by a therapeutic expert. Those most likely to help are: *Lycopodium*, *Silica*, *Aurum*. *Platinum*, *Sepia*, *Natrum Mur.*, *Kali-Carb.*, *Sulphur* and *Calcarea*.

If an intestinal germ is found, vaccine treatment should be given an opportunity.

For sleeplessness in these cases *Actæa Racemosa* is one of the most helpful drugs.

93.—Neuritis.

DEFINITION.—Inflammation of one nerve or many (multiple or poly-neuritis).

CAUSATION.—Cold, principally seen in the facial nerve;

injury; extension of inflammation elsewhere to a nerve. These concern single nerves.

Poly-neuritis is the result of toxæmia, either from disease (leprosy, diphtheria, etc.), or from poisons such as alcohol, lead, arsenic, bisulphate of carbon. It occurs in the late stages of anæmia or cancer. Beri-beri is a general neuritis, but this is a deficiency disease, due to the absence from the diet of one of the factors known as vitamines.

SYMPTOMS.—These naturally vary with the nerves attacked Pain is usual and severe, and tenderness of the affected parts. With this go twitchings and spasms of the muscles supplied, "pins and needles" of the skin areas. Later, pain gives place to numbness, and spasm to paralysis, and deep reflexes are lost as the nerve ceases to be irritated, and becomes more or less destroyed. The duration of an attack varies, but may be prolonged. There is an acute febrile poly-neuritis (rare) which may prove fatal.

In Alcoholic neuritis as in Lead neuritis, the extensors are more affected than the flexors, so that wrist drop and ankle drop occur It is the steady tippler and not the heavy drinker who tends to get neuritis

TREATMENT—Rest in all but mildest cases; very gentle massage and weak interrupted electric current applications help after the acute pains are passed. Homœopathic drugs are indicated largely by the varieties of pain and these will be found in the Section on Neuralgia. For obstinate cases *Arsenic, Carbon Bi-sulphide and Plumbum* are most likely to help, and *Gelseminum* in post-diphtheritic paralysis (which is due to a neuritis). Great patience is required in chronic cases.

94.—Neuralgia.

DEFINITION.—Severe darting, stabbing, or burning pain along a nerve trunk or its branches, chiefly affecting those of the head and face, recurring in paroxysms, at regular or irregular intervals; in recent cases the periods of intermission are comparatively free from suffering; but in chronic cases, more or less persistent local pain and mischief occur from some morbid condition of the nerves of sensation, produced by a local or more frequently a general affection. Neuralgia is therefore a symptom, not in itself a disease. (See Neuritis.)

VARIETIES.—The chief *superficial Neuralgias* are the following: (1) *Facial Neuralgia*—the branches of the fifth pair of nerves are the seat of the pain; any one, or in rare cases, all three of its divisions may be involved; one very severe form of it is known as *Tic-douloureux*, and more frequently affects women than men. (2) *Hemicrania, Megrim*, or *Brow-Ague*—the seat of pain is on one side of the head, just above the eyebrow. (3) *Intercostal Neuralgia* or *Pleurodynia*—often associated with an eruption of clustered vesicles (*Herpes zoster*). Herpes may occur in relation to Neuralgias of other nerves, but is most common with Neuralgias of nerves supplying the chest wall. It is a distinct disease of which the severe Neuralgia is a prominent and distressing symptom.

(4) *Sciatica.*—Neuralgia affecting the sciatic nerves from the nates to the knee, and sometimes to the ankle; often associated with Rheumatism, indeed most frequently caused by it.

Of the *visceral Neuralgias* we may mention *Gastrodynia*—the disease being located in the nerves of the stomach. *Angina pectoris*—the cardiac nerves being involved;

Hepatic ; Ovarian ; Testicular. These last three names are to be regarded rather as indicating a site than a pathology. So-called ovarian Neuralgia is not always dependent on ovarian disease. It is, however, an anatomical fact, that the same nerve generally supplies an organ and the skin area above it. So that superficial sensory disturbances may indicate disease lying deeper. Further, Dr. Henry Head and others have shown a definite relation to exist between disease of internal organs and certain skin areas apparently far removed. So that, for instance, disease of the stomach may be accompanied with pain in a definite region of the head.

Of all the varieties of Neuralgia, those described as *Tic-douloureux*, or trifacial Neuralgia, and *Sciatica*, are most frequent.

Diagnosis.—Neuralgia may be distinguished from Rheumatism by its paroxysmal character, and by the absence of swelling of the parts affected, but great care in diagnosis is needed, whenever pain is present, to determine its cause. Neuralgia is a name for a symptom not a diagnosis, and the cause of the Neuralgia must always be sought. The word Pleurodynia may afford as much comfort to patients and doctor as the "blessed word Mesopotamia," but as it is only after all Greek for pain in the side, it obviously does not carry very far. The cause of Neuralgia may be direct, like pressure on nerve or inflammation of its sheath, or may be more remote and due to toxæmia, but in any case, the cause of pain should always be closely sought. See below under Causes.

Symptoms.—Darting or shooting pain in the course of a nerve, of different degrees of intensity, at times almost unendurable ; the severe form generally comes on suddenly, and is of a sharp, darting, or tearing character, coursing along the trunk or ramifications of the affected nerve. Sometimes there is spasm in the muscles that are supplied by the nerve thus affected; in some cases, heat and redness of the surface, with augmented secretion from the neighbouring organs, as a flow of saliva or tears when the nerves of the jaw or eyes are implicated; in others, and this is very common, especially in chronic cases, there are "*tender spots* at various points where the affected nerves pass from a deeper to a more superficial level, and particularly where they emerge from bony canals, or pierce fibrous fasciæ" (*Anstie*). In many cases a paroxysm of Neuralgia is preceded by *anæsthesia* or diminished sensibility of the nerves of feeling. A frequent, if not an invariable concomitant symptom is general or local *debility*. It is true, Neuralgia is sometimes supposed to be associated with muscular vigour or robustness, but a close examination will almost uniformly reveal evidences of deterioration in the nervous system. This is confirmed by the very common observation, that depressing agents—as bodily fatigue, or mental anxiety—act as exciting causes of Neuralgia, or aggravate an existing attack.

The duration of Neuralgia is very uncertain; an attack may pass off after a few paroxysms, or it may persist for many days or months, with a well-marked, or irregular intermittent or remittent character.

NEURALGIA AND GREY HAIR.—The hair undergoes remarkable changes under the influences of Neuralgia, Dr. Anstie noted greyness of hair on the same side in eleven instances out of twenty; seven of these were cases of Neuralgia of the ophthalmic division of the fifth nerve in four of these cases there was greyness of part of the eyebrow on the affected side. The same observer has also noted fluctuation of the colour, the greyness actually increasing during, and for some time after, an acute paroxysm, the hair subsequently returning more or less to its natural colour.

CAUSES.—These may be *hereditary, constitutional* or *local.* Neuralgia is distinctly *hereditary,* occurring in particular families, and appearing in successive generations. It is well known, also, that such neuralgic families are liable to the more profound derangements of the nervous system—Paralysis, Epilepsy, Hypochondriasis, and even softening of the brain and Insanity—indicating some congenital imperfections in the formation of the nerve cells and fibres. This seems to be proved by the fact that, though a precisely similar accident occur to a hundred persons, not more than two or three will experience any Neuralgia, and these will probably be found to belong to a neuralgic family.

Constitutional causes are—Impairment of the general health ; *depressing influences,* whether mental or physical, as night-watching, sleeplessness, anxiety, insufficient nourishment, or violent exertion ; hæmorrhage and consequent debility ; affections of the alimentary and urinary organs ; exposure to wet and cold—to *strong and cold winds,* which are frequent causes of irritation to the animal nervous system ; a gouty, rheumatic, or syphilitic taint ; decay or loss of teeth, malaria ; and lastly, organic degeneration at the decline of life, which is the most severe and intractable form presented to the physician. The great majority of patients are found among the hard-working, the poor, and the badly-nourished classes ; men suffering less frequently than women. The cause of this is, that men are better protected, both naturally and artificially, from the effects of exposure, and that women are tempted to indulge in brief exposures in the open air from warm rooms without any suitable covering to the head, or any protection to the face. The face of man, on the contrary, is covered by a *beard* which shields him from injury by exposure He also spends less time in the relaxing atmosphere of heated rooms, and enjoys to a greater extent the bracing effects of out-of-door exercise.

Local causes may be—wounds; lodgment of a foreign body in the substance of a nerve-trunk; gun-shot wounds, or other injuries; Inflammation of the sheath of a nerve; pressure from tumours, especially Cancer; spicula of bone pressing on the nerve (an occasional cause of facial neuralgia), carious teeth or stumps. Even Neuralgia from injury is aggravated by any impairment of the constitutional vigour.*

TREATMENT.—In many cases this must be both local and general. The first includes the detection, and if possible, the removal, of any source of local irritation of the nerve, either at its origin or in any part of its course. The second includes the medicinal and general measures afterwards pointed out. A clue to the treatment may be gathered from the *causes*, for, as these are various, it cannot be expected that any single drug, or any one plan of treatment, will be uniformly effective.

EPITOME OF TREATMENT.—

1. *Facial Neuralgia.*—Bell., Ars., Acon., Coloc., Spig., Phos., Mag., Phos.
2. *Hemicrania or Brow-Ague.*—China, Nux V., Bell., Ign., Ars., Coff., Gels., Sanguin., Kal.-Carb., Kal.-Bich.
3. *Gastrodynia and Enteralgia.*—Nux V., Ars., Coloc.
4. *Neuralgia of the heart.*—Bell., Cact., Spig., Ver.-Vir.

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* The condition of the teeth should always be specially enquired into, as pyorrhœa is a frequent source of toxæmia. Also chronic intestinal infections should be remembered.

5. *Sciatica.*—Ars., Coloc., Acon., Rhus Tox.

6. *Pleurodynia.*—Ran.-Bulb., Arn., Acon., Ars., Cim., Mezer., Rhus Tox.

7. *From loss of animal fluids.*—China, Ac.-Phos., Phos.

8. *From mechanical injuries.*—Arn., Acon.

9. *From malaria.*—China or Sulph.-Quin., Nat. Mur.

LEADING INDICATIONS.—

Arsenicum.—Burning or tearing intermittent *pains* having a tendency to *periodicity*; pain aggravated by the continuous application of cold; increased at night or during rest, but lessened during exercise; generally first occurs on the left side, it may be of the face involving the same side of the head, the eye, and the ear. There are generally associated with this form of Neuralgia, excessive restlessness, *anguish* and irritability, a *general exhausted or debilitated condition small pulse, cold extremities*, etc. Influenza, malaria, overwork, or, more generally come constitutional cachexia, may have caused the disease. Pure Sciatica. Hemicrania in paroxysms; with coldness or soreness of the scalp; wrenching pains at root of nose, bottom of orbits, in the ear or teeth; viscid sweat; sometimes dizziness, nausea, retching, and even vomiting of bile; rheumatic or arthritic Hemicrania; intercostal pain from debility. Constipation does not preclude *Ars.*

The judicious employment of this potent mineral is often attended with the most marked success in neuralgic affections. The homœopathic law, indeed, leads us to expect that it would be so, for immoderate doses of *Arsenic* cause true Neuralgia. Persons who have attempted to poison themselves with it are said to have suffered excruciating pains along the course of the nerves.

Phosphorus.—In Neuralgia from debilitated conditions of the nervous system, this remedy is equal or even superior to *Arsenic*, especially when due to mental overwork, or if associated with Megrim.

Aconitum.—*Facial Neuralgia from cold,* anxiety, or night-watching; the pains are severe, recur in paroxysms, are worse at night; and are accompanied by congestion in the head, lungs, or heart. Recent acute *Sciatica.*

Belladonna.—Burning, creeping, cutting, tearing, lancinating and stinging pains, or throbbing intermittent pains, with one or both *cheeks flushed,* and sometimes swollen; eyes red and watering, pain around the orbit, with twitching of the muscles, sometimes irritation and inflammation of eyeballs; sensitiveness to sight and sound; illusions of sight and noises in the ears; *congestive* (not dyspeptic) *headache;* throbbing pain in the head, sense of undulation in the forehead, frontal headache, worse on stooping, also tearing, boring, lancinating, and jerking pains in the head. *Tic-douloureux.* Rheumatic Neuralgia. Ovarian Neuralgia, with clawing, griping pain, much thirst and vomiting. Epileptiform Neuralgia. Neuralgia of the fifth pair, and Hemicrania, are the varieties chiefly curable by *Bell.* In most cases the appearance of the patient strongly contrasts with that described under *Ars.*, the *Bell.* habit being *plethoric.*

Kalmia Latifolia.—Facial Neuralgia. Pressing pain with nausea; pressing headache, top of the head feels as if bound with a cord; muscles of eyes and eyelids feel stiff; dyspnœa with palpitation. Gastrodynia, coming on suddenly in paroxysms, moving from side to side, worse from motion, relieved by sitting up (especially in females). Dr. Ockford informs us that he has relieved more cases of general Neuralgia with *Kalm.* than with any other remedies; he mentions no special indications.

Spigelia. — Neuralgic headache and faceache, especially when the *eye is affected;* radiating in every direction; darting through from front to back; coming and going suddenly; running from eyes and nose; twitching of facial muscles; dyspnœa, palpitation of heart, and sleeplessness; worse in cold, damp weather, and from touch and motion.

Staphysagria.—Neuralgia of *lower jaw,* gnawing; toothache with swelling of cheek, increased by cold; aching, throbbing, in whole face from teeth to eye; teeth and mouth symptoms resemble mercurial ptyalism; nervous constrictive boring headache. Sciatica of the right leg; sharp pains during motion; constant aching of the whole limb, especially in the nates and pelvic region, while sitting; great general prostration.

Colocynthis.—Severe paroxysms of *cutting pains,* chiefly on the left side of the body; the lancinations are sudden, violent, and often extend from the point of origin to a distance; better in perfect rest, and from warmth and rubbing, worse by motion and touch. Facial Neuralgia, Enteralgia, and Sciatica, having these symptoms, are curable by this remedy.

China or Quinine.—Neuralgia from *malaria,* or from *loss of blood* or other animal fluids. *Brow-ague* from these causes comes within the range of this remedy.

Natrum muriaticum.—In malarial cases where *Quinine* has been given to excess. Left side most often affected. In patients who are inordinately addicted to salt.

Mag. Phos.—Generally right-sided, Paroxysmal pains, relieved by heat.

Rhus Tox.—Chronic Sciatica, especially if associated with Rheumatism, stiffness, and lameness; the pains are worse on first moving the affected part, and at night.

Rhododendron.—Neuralgia of the extremities.

Gelseminum.—Of little service in pure Neuralgia, but useful in allaying nervous irritation and muscular twitching. Hemicrania with *disordered vision,* dim or double; thirst for light; dizziness; semi-stupor; periodicity. Acute myalgia from long-continued exertion. Not adapted to Pleurodynia.

Coffea.—Hemicrania coming on in the morning and lasting all day; increased sensitiveness, wakefulness, and nausea. Neuralgia of lower jaw. Megrim. Mental work excites pain. See also Section on "Toothache."

Mercurius.—Neuralgia of the face and head; pain proceeding from bottom of orbit, with sense of coldness round the eye; generally occasioned by *carious teeth.* Se also Section on "Toothache."

Aurum Met.—Neuralgia of the *testes.* Mercurial cachexia with syphilitic complications. Megrim. Great depression of spirits. *Bone pains.*

Phytolacca.—Prosopalgia and Cephalalgia in syphilitic and rheumatic subjects; mercurial and syphilitic toothache; rheumatic neuralgia of back and shoulders; Sciatica; Proctalgia; with pain along the penis.

Ranunculus Bulb.—True *intercostal* Neuralgia.

Cimicifuga.—Ovarian or uterine Neuralgia. Neuralgia of limbs.

Pulsatilla.—Neuralgia with bearing-down pain; spasmodic pains in lower part of the abdomen; toothache of pregnant women; toothache from cold, with pain over the whole side of head, and especially at the ear.

Hamamelis.—Testicular and ovarian Neuralgia; pains shifting suddenly to stomach causing nausea and faintness.

Veratrum.—Neuralgia of one side of face and head, with sensation of *icy coldness* in the part affected; Neuralgia of fifth pair; stabbing pain in the brows; dull aching pains, worse by movement, and atonic contraction of muscles. Enteralgia, as if knives were cutting the bowels, chiefly on the left side; intense agony at very frequent intervals. Uterine Neuralgia.

Sulphur.—Tic-douloureux. Intermittent pain, especially on *right side;* pain in maxillary region, with chilliness in the evening, followed by heat and perspiration in the night, weariness, and inclination to lie down; pain aggravated at night, *gradually* increasing and subsiding.

Ign., Nux Mosch., Bry., Caust., Iris, Chelid., are useful in some neuralgic conditions.

External Applications.—When the pain is excessively severe, and does not yield promptly to internal remedies, an *Aconite lotion* may be tried, and is often quickly successful. It is prepared by adding about a dozen drops of the strong tincture of *Aconitum* to four tablespoonfuls of water, and may be applied hot or cold, as found most agreeable to the patient, by means of two or three folds of linen. Or *Bell.* may be used in the same way. Painting the course of the nerve from the root, or where the nerve emerges from the deep fascia, with the pure tincture of *Acon.* or *Bell.*, is often even more prompt in its action. *Plantago major* ϕ is often successful when used in the same way. Under various names they are sold as Homœopathic nostrums for Neuralgia.

Chloroform liniment is also recommended as a local remedy.

Accessory Means.—The *Diet* is an important part of the treatment, and should be as nutritive and abundant as the condition of the digestive organs will permit. It is especially necessary that *animal fats* should enter largely into the diet, and any aversion from them on the part of the patient, or inability to digest them, should be overcome; well-directed efforts of this nature are nearly always successful. The particular form of fat is not important, and that variety may be adopted which can be best tolerated. *Cod-liver oil*, butter, cream, or even olive oil, should be used in quantities as large as the digestive organs can bear. "In some way or other, fat must undoubtedly be applied to the nutrition of the nervous system if it is to be maintained in its organic integrity, since fat is one of the most important, if not the most important, of its organic ingredients. . . To Dr. Radcliffe belongs the merit of having been chiefly instrumental in bringing forward this therapeutical fact in this country, and it is one which I have had repeated occasions to verify. It is a very singular circumstance, also pointed out by Dr. Radcliffe, that neuralgic patients have, with rare exceptions, a dislike to fatty foods of all kinds, and systematically neglect its use. And it has several times occurred to me to see patients entirely lose neuralgic pains, which had troubled them for a considerable time, after the adoption of a simple alteration in their diet, by which the proportion of fatty ingredients in it was considerably increased" (*Dr. F. E. Anstie*). The Author has repeatedly found the administration of *Pulsatilla* helpful in removing the objection to fatty kinds of foods.

Protection from cold is another important element in the treatment. Exposure to a cold, damp atmosphere, with insufficient clothing, often acts as an exciting cause of Neuralgia, and should be avoided, as every recurrence of the disease tends to develop the constitutional cachexia, and to strengthen its hold on the system. Warm clothing, including flannel, is a great protection from atmospheric changes, and should be adopted by all neuralgic patients. *Bathing*, including salt-water baths, sponging followed by friction, or the manipulations of a clever *masseur*; moderate and regular out-of-door exercise sufficient to favour nutrition without causing fatigue. A change of air, and sometimes entire change of habits, are necessary to insure a cure. Lastly, *Rest* is an important item in the cure of Neuralgia, especially in the case of hard-working and overtaxed patients.

95.—Nervous Sick-Headache.

Definition.—An affection marked by Headache, dislike for, or indifference to, food, and frequently nausea and Vomiting; due to cerebral exhaustion or idiosyncrasy, rather than stomachic disorder.

The derangement referred to in this Section is not simply that described as a *bilious attack*, or the Headache following a too heavy dinner, or the taking too much wine or spirits; for this may occur in any person from such indulgences; nor that resulting from the ingestion of some special article of diet which only disagrees with particular persons; but to Headache from nervous cases.

Symptoms.—They usually commence on rising in the morning, the patient being pale, dark around the eyes, with contracted pupils, and looking and feeling extremely ill. Giddiness, swimming in the head, throbbing of the temples, and stupefying or agonizing, deeply seated Headache, often limited to one spot on the side of the head, on the forehead, or over the eyes, and increased by movement, noise, strong light, and any kind of mental perturbation. The gastric symptoms—clammy mouth, anorexia, nausea and vomiting, or more generally retching—are secondary rather than primary, having no necessary connection with any impropriety of diet.

SICK-HEADACHE AND OTHER DISORDERS.—It is most important to distinguish this affection from those acute diseases of which it is an inceptive or accompanying symptom, as Scarlatina, Typhus, Albuminuria, Inflammation of the Brain, Apoplexy,* etc.

CAUSES.—*Predisposing.*—A peculiar nervous temperament, which is often hereditary and runs in families. The real cause, therefore, lies deep in the patient's idiosyncrasy, and may be developed in numerous and widely different ways. The excessive use of tea or coffee is also in some cases a predisposing cause, also unhealthy occupations, sewage-gases, malaria, the employment of arsenic in wall-papers, or in articles of dress, reflex Neuralgia, from dental or other causes, a sedentary monotonous life, with the use of alcoholic beverages, and probably other varying causes. *Exciting.*—Whatever produces a powerful impression on the nervous system of a person thus predisposed may develop an attack, as fright, loud noise, exposure to a hot sun, a strong wind, or extremes of temperature. Moreover mental or bodily fatigue, worry, the pressure of business or family anxieties, deprivation of sleep or of food, prolonged nursing, and other causes of nervous exhaustion, are invariably succeeded by nervous, or, as it may be termed, asthenic headache. True Sick-headache, then, may occur in the most abstemious persons, and is not at all necessarily connected with a disordered digestive apparatus.

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* A few hours before writing this article the Author was hurriedly summoned to a case of Congestive Apoplexy, of which severe Hemicrania, and vomiting of greenish matter, had been the chief symptoms. On arriving at the house the patient was dead, and although the Headache and vomiting had persisted, with some intermissions, for several days, the case had been regarded and treated as an ordinary *bilious Headache,* from nervous depression.

Epitome of Treatment.—

1. For the Acute Attacks.—Nux V. (*congestive Headache with giddiness, Constipation,* etc.) ; Bell. (*with flushed face, heat of eyes, which also feel too large* ; Bry. (*with vomiting of bitter fluids*) ; Glon. (*throbbing—and especially* bursting—*Headache*) ; Cocc. (*Sick-headache with much retching and but little except water or mucus vomited*) ; Ver.-Alb. (*Sick-headache, with prostration, cold sweats,* etc.) ; Coff. (*nervous Headache with sleeplessness*) ; Cimic. (*nervous hysterical Headache of women, especially at the monthly period, or consequent on its derangement or cessation*) ; Acon. (*Headache from Catarrh, with general deranged circulation*) ; Iris (*copious vomiting, the ejected matter containing bile*).

2. Chronic Cases and between the Attacks.—Sulph., Nat.-M., Sep., Cal.-C., Ars., Nux V., Sulph.-Quin. ; Zinc. (*with general nervous depression*). Sanguin., Kal.-Bich., Kal.-Carb.

Accessory Means.—The patient should lie down in a quiet room with a subdued light, and be kept from every kind of disturbance, so that, if possible, sleep may afford relief. Rest and sleep are the most natural restorers. Hot tea or coffee, which act on the nervous system, often give considerable immediate relief, although the excessive use of these beverages predisposes to subsequent attacks. If pressure relieve, the wet bandage should be tightly bound round the head. Dr. Wilks, who was a martyr to Sick-headache all his life, says this is the only means of procuring relief on which reliance can be placed. This method, he thinks, is instinctive as it is universal, and has been used in all times. He quotes Shakspeare, who often illustrates the morbid state of the body as well as the passions of the mind, and who testifies to the ancient practice here recommended. In the scene between Hubert and Arthur in *King John*, Arthur, when petitioning for the preservation of his eyes, says—

> " When your head did but ache,
> I knit my handkerchief about your brows."

And in *Othello* we have not only the remedy for Headache given, but the cause. The former was the handkerchief about which the chief interest of the play is centred :—

> " DESDEMONA.—Why do you speak so faintly ?
> Are you not well ?
> OTHELLO. I have a pain upon my forehead here.
> DESDEMONA. Faith, that's with watching ; 'twill away again.
> Let me bind it hard, within this hour
> It will be well."

During an attack, unless it is prolonged, entire abstinence from food is necessary ; at least only the slightest nourishment—milk-and-lime-water, plain soup, etc.—should be given ; copious draughts of hot water taken early often mitigate or shorten an attack.

PREVENTIVE TREATMENT.—The causes which predispose to or excite the paroxysm must be avoided, and the tone of the general health improved. For this the knowledge and tact of the physician are necessary, for every case must be treated according to its individual peculiarities. *Tea* and *coffee,* although they sometimes give relief during a paroxysm, render the nervous system increasingly susceptible to the attacks, and we have known several patients enjoy complete immunity from the attacks by abandoning these beverages. The general regulation of the diet, the adoption of out-of-door recreation, and the general hygienic measures pointed out in the first chapter of this work, will prevent or minimize the affection. In some, when attacks frequently occur, *change of occupation, scene, and climate* are necessary to break up the tendency. The climate selected should be dry and bracing, and walking or horse exercise taken daily.

96.—Sleeplessness (*Insomnia*).

This condition is a symptom and not a disease. The ability to sleep varies much in different individuals, but it is a symptom generally capable of relief or cure, when it becomes at all marked. If it depends on pain or fever, the treatment of the underlying condition is the most satisfactory way of relieving sleeplessness, but although an abnormal inability to sleep no doubt always depends upon some disturbance of life equilibrium, it is not always easy to discover the fault, and then remedies must be chosen for the sleeplessness which is in these cases, the most prominent symptom.

When sleeplessness arises from excitability it is important to remove sources of excitement as far as possible. Heavy meals late at night should be avoided, though a glass of warm milk at bedtime is often effective. Tea or coffee may need to be cut down, and although a little whiskey appears often to aid sleep, its use is to be deprecated. A warm bath, followed by a cool sponge over, is often soothing. The peculiarities of the individual need to be considered with regard to position of pillows and protection from daylight in the early morning. A hop pillow is a favourite old-fashioned remedy, and in no disorder are the benefits of treatment by suggestion more marked. The bedclothes should be enough, but not too heavy, and a spring mattress is always desirable.

MEDICINAL REMEDIES.—All the hypnotics of the Orthodox School, should be avoided: *Sulphonal, Trional, Veronal,* etc., are all dangerous drugs. It is seldom that the drug homœopathically chosen fails to relieve. If there are no clear indications, *Passiflora* φ and *Avena Sat.* φ in doses of from three to five or more drops are useful aids, and do not establish any drug habit. Other useful remedies are:—*Aconite, Arsen., Actea R., Bell., Coffea, Chamom., Cuprum, Ferrum, Ignatia, Lachesis, Lycop., Nux Vom., Phos., Puls., Sepia, Sulph.*

SPECIAL INDICATIONS.—*Acon.*—Sleeplessness after midnight, with great anxiety and nervous fear; especially for infants and the aged. Arterial excitement.

Arsen.—Worse after midnight; nervous exhaustion; great restlesness and prostration.

Bell.—Sleeplessness of nervous excitement, especially with flushed face; starting on first falling asleep.

Coffea.—Sleeplessness from over-excitement or pleasurable emotion or long watching. All senses more acute.

Chamom.—Children with irritability.

Ferrum.—After abuse of tea (also *Thuja*); better after gentle exercise; anæmia.

Ignatia.—Sleeplessness from grief, fright or suppressed mental suffering ; hysteria.

Lachesis.—Complaints worse on awaking ; mental excitement.

Lycop.—Sleepy by day, wakeful at night ; mind over acute.

Nux Vom.—Sleep till 3 a.m., then wakeful ; Dyspepsia.

Phos.—Insomnia of age ; giddiness ; headache.

Puls.—Wakeful till early morning, then sound sleep, but wakes unrefreshed.

Sepia (also *Cimic*).—Sleeplessness with pelvic disorders in women.

Sulph.—Short sleeps, easily broken, then feels wide awake.

CHAPTER III.

DISEASES OF THE CIRCULATORY SYSTEM.

97.—Diseases of the Heart and its Membranes.

DISEASES of the heart command much attention in the present day, not only on account of the frequency of their occurrence, and the serious consequences they often involve, but also as the result of our more perfect acquaintance with the organ both in its healthy and morbid conditions.

CAUSES.—The most common causes of Heart-disease are—Rheumatic fever in the young (see Section on Rheumatic fever) ; over-work of mind and body, anxiety, and too little rest in middle life, are to be ranked as pre-disposing rather than immediate causes ; Influenza and Kidney-disease and Atheroma in older persons. The potency and frequency of the second class of causes are obvious. The demands thus made on the over-active organ lessen its nutrition, impair its structure, and imperil its action.

Touching diseases of the heart, we may at once state that *all* affections so characterized are not *organic,* but often merely functional, and due to temporary causes, as Palpitation from debility, Indigestion, etc.

TREATMENT.—Organic affections of the heart may be greatly relieved and life considerably prolonged by judicious treatment. Professional judgment and experience are, however, specially necessary. Remedies have been suggested for heart affections from Rheumatic fever. For affections of the heart consequent on over-exertion and insufficient rest, *Arnica* is an excellent remedy. Other remedies, for affections from other causes, are pointed out in the following Sections, which deal with prominent symptoms rather than with diseases. Expert advice is always desirable for any form of heart disease.

98.—Angina Pectoris—Breast Pang.

DEFINITION.—Sudden, severe paroxysms of pain, or Spasm of an enfeebled or diseased heart, with a constricted, burning sensation, and intense anxiety, chiefly occurring in elderly persons, or past the middle period of life.

SYMPTOMS.—The patient is seized with a sudden dreadful pain, which centres in the heart, and extends over more or less of the anterior portion of the chest, up the shoulder and down the arm. There is an agonizing sense of anxiety, faintness, fear of instant death, Palpitation and dyspnœa, so that if walking he is compelled to stop and to fix on the first object that offers support, and so remains, pale and covered with a clammy perspiration. The paroxysms may terminate in a few minutes, or last for hours, and are liable to recur with increased severity, till at length one proves fatal.

CAUSES.—*Diseases of the heart,* or obstruction of the coronary arteries, in consequence of which the muscular fibres of the heart become impaired. Under such conditions a paroxysm may be brought on by over-exertion, flatulent distention of the stomach, mental excitement, or even a terrifying dream.

EPITOME OF TREATMENT.—

1. *For the diseased condition.*—Ars., Dig., Aurum.

2. *For the Paroxysm.*—Inhalation of Nitrite of Amyl or administration of Trinitrin: Ac. Hydrocy., Acon., Cact., Spig., Samb.

LEADING INDICATIONS.—

Aconitum.—Recent cases, and for plethoric patients, when there is great sense of suffocation, anxiety, and throbbing.

Digitalis.—Cases in an advanced stage, the paroxysms recurring frequently and suddenly.

Varatrum.—Slow, intermittent pulse, cold extremities, cold perspirations.

Arsenicum.—Extreme dyspnœa, increased by the slightest movement, marked debility, pale and haggard face, feeble and irregular pulse, and dread of immediate death. *Ars.* is also valuable as an agent for warding off the paroxysms of this painful disease.

Aurum.—Great mental depression; general Atheroma (also Barium).

Cactus Grand.—When there is "a feeling as if the heart were grasped and compressed as with an iron hand" (*i.e. Spasm*) ; Rheumatism.

Sambucus.—Violent dyspnœa, awaking from sleep with a suffocative sensation, and dreadful anguish about the heart.

Cuprum Acet.—The late Dr. Bayes and Dr. Holland have both reported cases of Angina cured by this remedy. Although we have had no personal experience with the remedy in Angina, it is doubtless of great value in this terrible affection.

Nux Vomica.—Indigestion, the attacks being attended or followed by flatulence.

Nitrite of Amyl.—Useful as a palliative—one or two drops on cotton wool may be inhaled. It is conveniently sold in capsules holding the exact amount required.

ACCESSORY TREATMENT.—Brandy or some other diffusible stimulant,* in frequent small doses ; a large hot bran-poultice over the region of the heart ; and warmth to the extremities.

99.—Syncope—Fainting Fit—Swooning.

DEFINITION.—A loss of volition and muscular power with partial or complete loss of consciousness, due to defective nervous power, from failure of brain circulation.

CAUSES.—*Debility* from constitutional causes, or from loss of blood or other animal fluids ; emotional disturbances—fright, sudden joy, grief, etc. ; Hysteria, etc. Many persons faint on seeing blood or a wound, or from the sight of operations, etc.

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* Dr. Anstie, in *Reynold's System of Medicine*, recommends *Sulphuric Ether* in the purely nervous form of Angina Pectoris, and mentions a case under his care, which he is sure would have long since ended fatally in one of the agonizing attacks of spasmodic heart-pain, but for the discovery that by taking a spoonful of ether immediately on its commencement, the patient can greatly mitigate the attack, and has continued to do so with undiminished effect for some years.

EPITOME OF TREATMENT.—

1. *For the fit.*—Camph., Mosch., Ammon.-Carb., or Acon. If the patient be unable to swallow any of the above remedies in strong tincture, especially the first two, they may be administered by olfaction. At the same time, all tight clothing should be loosened, the patient exposed to cool air, and cold water dashed on the face. The invariable tendency to the horizontal posture is a conservative one, and should not, therefore, be interfered with.

2. *For the debility.*—China, Ars., Iod., Ver.-Vir.

3. *Fainting from affections of the heart.*—Mosch., Dig., Ver.-Vir.

4. *Hysteric fainting.*—See Section on Hysteria.

PREVENTIVE.—Reference must be had to the constitutional state which causes fainting from trifling circumstances, in order to correct the tendency.

100.—Palpitation and Irregularity of the Action of the Heart.

In a healthy condition we are scarcely sensible of the heart's beat ; the perfection of action, therefore, is indicated by entire unconsciousness that such action exists at all. Palpitation is evidence of a want of balance between the blood to be driven and the power of the heart to drive it. It is not, then, evidence of excessive power, but that the muscular power has been taxed and found unequal to the demand. "It is laboriousness, not excessive power, that is indicated by Palpitation" (*Fothergill*). When, however, the pulsations of the heart become much increased in force, or frequency, or both, the unpleasant sensation known as " Palpitation " is experienced.

PALPITATION AND DISEASES OF THE HEART.—We infer Palpitation to be the consequence of functional disorder, as of Indigestion, when it occurs only occasionally, and when the action of the heart is uniform during the intervals. In medical practice the fact is often observed that patients with serious organic disease of the heart rarely suspect anything radically wrong until the disease has made considerable advances; while patients with *mere functional disorder* of that organ frequently *entertain the gravest apprehensions.* Most cases of Palpitation are from functional disorder and not from structural disease, and are consequently quite curable. Sometimes, from nervous irritability, some of the great arteries, particularly the abdominal aorta, take on an inordinate pulsation, which might be mistaken for Aneurism.

CAUSES.—*Predisposing.* A nervous temperament; Hysteria; a full habit; and Disease of the heart. *Exciting.* Excessive joy, grief, fear, and other mental emotions; severe or prolonged exertions; profuse discharges; menstrual derangements; a disordered—especially an overloaded—stomach; flatulence, etc. Whenever the heart is acting under disadvantageous circumstances, Palpitation is never long absent. Thus any cause which, by pressure on the diaphragm, diminishes the space for the heart and impedes its beat, places the heart at a disadvantage, and Palpitation takes the place of the normal quiet contraction. *The excessive use of tea* is one of the common causes of irregularities of the heart's action in weak or nervous women; in some persons Palpitation follows *tobacco smoking,* as it may also result from the administration of other deleterious agents. In such cases, of course, a cure can only be expected after the discontinuance of the noxious substance.

TREATMENT.—The subjoined has reference to simple Palpitation, unconnected with any organic disease.

EPITOME OF TREATMENT.—

1. *Palpitation from Emotional Causes.*—Acon. (*from excitement*); Ign. (*from grief*); Coff. (*from joy, with wakefulness*); Cham. (*from passion*); Opi. or Ver. (*from fright or fear*).

2. *From Over-exertion.*—Arn.

3. *From Congestion.*—Acon., Bell.

4. *From Indigestion.*—Nux V., Puls.

5. *Nervous Palpitation.*—Mosch., Spig., Bell., Acon. Cact., Ars., Thyroidin (especially in those subject to enlarged thyroid glands). See " Leading Indications," further on.

In the Table on opposite page, abridged from Aitken, the chief characteristics of Palpitation from structural disease of the heart are placed in contrast with those from functional disorder.

LEADING INDICATIONS.—

Aconitum.—Palpitation from the least excitement with anxiety, chilliness, numbness of the extremities, or a sensation as if the heart ceased to beat; short, hurried breathing; *hot, flushed face.* It is specially adapted to *plethoric* patients.

Belladonna.—Oppression, tremor, pain about the heart; *throbbing in the neck and head; redness of the face.*

Digitalis.—Great irregularity, without any assignable cause, with inability to walk or lie down; great

TABLE OF THE CHIEF DIFFERENCES BETWEEN ORGANIC AND FUNCTIONAL DISEASE OF THE HEART.

ORGANIC.	FUNCTIONAL.
1.—Palpitation usually comes on slowly and insidiously.	1.—Palpitation generally sets in *suddenly.*
2.—Palpitation, or distressed action, though more marked at one time than another, is *constant.*	2.—Palpitation is not *constant,* having perfect intermissions.
3.—Percussion elicits increased *extent* and degree of *dulness* in the region of the heart.	3.—Dulness in the region of the heart is not *extended* beyond the natural limits.
4.—*Lividity* of the lips and cheeks, congested countenance, and Anasarca of the lower extremities, are often present.	4.—There is *no lividity* of the lips and cheeks, countenance often chlorotic, and, except in extreme cases, there is no Anasarca.
5.—The action of the heart is *not* necessarily *quickened.*	5.—The action of the heart is generally *quickened.*
6.—Palpitation often *not much complained of* by the patient, but occasionally attended with *severe pain extending to the left shoulder and arm.* (See " Angina Pectoris.")	6.—Palpitation *much complained of* by the patient, often with *pain in the left side.*
7.—Palpitation is *increased by exercise,* stimulants, and tonics, but is relieved by rest.	7.—Palpitation is increased by sedentary occupations, but *relieved by* moderate *exercise.*
8.—Is more common in the *male* than the female.	8.—Is more common in the *female* than the male.

distress. One to three drops of the strong tincture every two or three hours.

Pulsatilla.—Hysterical symptoms; and in females suffering from deranged period.

Administration.—During a sudden attack, a dose should be administered immediately, and repeated every thirty to sixty minutes; afterwards, twice daily for a few days.

ACCESSORY MEASURES.—The patient must avoid mental excitement, stimulants, coffee, sleeping-draughts, indigestible food, etc. Pure air; cold water, used internally and externally; regular, moderate exercise in the open air, short of inducing fatigue; a contented and tranquil disposition, with light and nourishing diet, are excellent auxiliaries in the treatment of this affection.

101.—Intermittent Pulse.

This variety of irregularity of the heart's action requires a distinctive notice. By the term intermittency is meant an absolute loss of the normal beats of the pulse, covering the time of a natural stroke, or in extreme instances, of two, three, or even more pulsations. The impulse of the ventricle to contract is derived from the auricle and transmitted by a special muscular structure. When this structure is affected by disease contractile impulses are not transmitted regularly. Sometimes the auricle will contract three or four times while the ventricle only contracts once, and various irregularities of rhythm may be set up. Intermittency is not always a sign of gross organic disease however, though probably it always denotes a fault in this mechanism of conduction.

The pulsation following the intermission is heavier and fuller, showing that the ventricle is contracting on an extra volume of blood after the momentary pause, like a smith, who, striking at the forge a number of strokes in regular succession, until tired of the action, changes it for a moment to give a more deliberate blow, and then rings on again in regular time.

CAUSE.—Emotional and nervous states are very liable to act as determining causes. Dr. W. B. Richardson says :—" Grief from the death of friends ; shock from failures of business ; disappointments ; violent outbursts of passion ; remorse, degradation ; and, most fruitful cause of all in this madly striving age, overwork of brain —these are the outside influences leading to the changes on which the phenomenon of intermittency of the pulse most frequently depends."

TREATMENT.—We fully concur in Dr. Richardson's recommendation of change, sufficient rest and sleep. and the avoidance of excitement and stimulants ; but our *Materia Medica* supplies us with remedies—such as *Dig.*, *Phos.*, *Nux V.*, *Ac.-Phos.*, *Acon.*, *Bell.*, *Spig.*—which are greatly superior to his depletive measures, purgatives and opiates.

102.—Aneurism.

DEFINITION.—A Tumour formed by the dilatation of an artery, or communicating with an artery, and containing blood. In its first stage the Tumour contains fluid blood and pulsates ; in its second stage, it contains coagulated blood, deposited in numerous thin layers like the leaves of a book.

Aneurism may be *idiopathic* or *traumatic* : the latter is caused by an injury to the artery. The disease is more common in men than in women, and causes several hundred deaths in England annually.

VARIETIES.—The *fusiform* (spindle-shaped), sometimes called *true* Aneurism, consists of an unnatural dilatation of an artery ; *sacculated* Aneurism is a partial dilatation of all the *coats* of an artery ; and *diffused* implies a sac formed by the surrounding tissues. The last variety has been mistaken for a purulent sac, and opened accordingly, to the imminent peril of the patient.

TREATMENT.—An Aneurism often requires surgical measures. Cases beyond the province of surgery are generally much benefited by *Acon.*, or *Ver.-Vir.* They prevent arterial excitement, and remove all excuse for abstraction of blood. The disease is dependent on weakening of the arterial wall as a result of degeneration of the tissues. The drugs that tend to produce a similar arterial condition are *Baryta, Lead, Adrenalin,* and probably *Lycopodium.* Consequently one or other of them may be useful in treating Aneurism.

Arnica.—This remedy may be alternated with *Acon.* in *traumatic* Aneurism.

Phosphorus.—Is useful in *idiopathic* cases to prevent further arterial degeneration.

ACCESSORY MEANS.—*Rest in a recumbent posture,* and a light unstimulating diet, are favourable adjuncts to the treatment ; indeed, the beneficial results of recumbency are most remarkable.

103.—Phlebitis—Inflammation of the Veins.

Two varieties exist of this not very common disease :

(*a*) *Adhesive,* generally arising from exposure to wet and cold, and affecting one of the large veins of the lower extremities.

(*b*) *Suppurative,* which is a more serious form, frequently an aggravation of the adhesive variety, and sometimes caused by a wound or abscess.

Phlegmasia dolens (Milk-leg or White-leg) is an Inflammation of the veins and lymphatics, peculiar to nursing women, presenting symptoms and requiring treatment similar to Phlebitis.

SYMPTOMS.—If the affected vein is near the surface, it appears reddish-purple ; it is hard, swollen, and knobbed ; severe pains may dart through the limb, especially on movement, and there is stiffness, with more or less œdema of the part. If Suppuration occur, it may be by means of an Abscess ; or it may remain under the surface, producing purulent infection. Professional treatment is absolutely necessary for this form of the disease.

EPITOME OF TREATMENT.—Acon. (*febrile disturbance*) ; Ham. (*with varices*) ; Puls. (*with disordered menstruation*), Phos., Lach.

ACCESSORY MEASURES.—*Rest* ; fomentations of warm water ; *Aconite lotion* if there be much pain ; *Hamamelis lotion* (see next Section) if the veins are varicose. In acute cases the diet should be light and limited.

104.—Varicose Veins (*Varices*).

DEFINITION.—A condition in which the veins are dilated, so that their valves, which cannot undergo a corresponding enlargement, cease to be efficient.

This disease occurs most frequently in the superficial veins of the lower extremities, and not usually in the deep-seated ones, because they are supported by the muscles and *fasciæ*. When the veins of the spermatic cord are involved, the disease is called *Varicocele ;* when those of the anus it constitutes a form of *Hæmorrhoids*.

SYMPTOMS.—The affected veins are dilated, tortuous, knotted, of a dull leaden or purplish-blue colour, with much discoloration of the parts, and some œdema of the limb. If a great many small cutaneous veins are alone affected, they present the appearance of a close network. The enlarged veins and local swellings diminish after taking the horizontal posture.

CAUSES.—Generally, conditions which induce more or less permanent distension of the veins. Strains, or over-exertions of a part, may cause an afflux of blood into them and lead to their distension ; standing occupations favour the gravitation of blood to the lower extremities ; and further, the length of a vein, such as the *internal saphena,* may lead to its undue distension in consequence of the long column of blood it contains. Obstacles to the return of venous blood, such as tight garters or stays, a Tumour, the pregnant uterus, or even impacted fæces, by pressing upon one of the large venous trunks, may occasion its permanent distension as well as that of its branches. In other instances, Varices seem to be due to an hereditary predisposition, altered condition of the blood, or deficiency of tone in the active organs of circulation, leading to an enfeebled and relaxed condition of the walls of the veins.

CONSEQUENCES.—(1) Severe aching pain, with a sense of weight and fatigue, especially after long walking, or remaining for some time standing in one posture. (2) The vein may burst by injury, and occasion severe and dangerous Hæmorrhage. (3) Ulcers may arise from the imperfect circulation and nutrition of the skin, usually on the lower part of the outside of the leg. (4) They incapacitate for hard or long-continued work, being usually associated with constitutional debility.

EPITOME OF TREATMENT.—

1. *Simple Varices.*—Ham., Puls., Sil., Ac.-Fluor.

2. *Associated with other disorders.*—Nux V. and Sulph., in alternation (*Constipation, Piles,* etc.) ; Ars. (*debility, burning pains, varicose Ulcers of the legs,* etc.) ; Ac.-Nit. (*weakly and tubercular patients*) ; Acon. or Bell. (*painful inflammatory symptoms*) ; Apis (*œdema, and erysipelatoid redness*).

Hamamelis Virg., administered internally, and applied as a lotion externally—a compress covered with oil-silk, and a well-applied bandage—is often specific. *Lotion.* —One part of the strong tincture to six parts of water. A lotion of *Clematis* tincture of the same strength is often even more useful.

ACCESSORY MEANS.—Moderate compression by accurately fitted bandages or laced stockings, so as to afford that support to the blood which the valves can no longer give, and to prevent increased distension. The pressure should be very gentle and uniform, and be applied in the morning, before the patient puts his feet to the floor, and maintained until he retires to bed. Should only a small portion of a vein be enlarged, a piece of strapping-plaster may afford the requisite support. Prolonged exercise or standing should be abstained from, and, after taking moderate exercise, the limb should be raised, and maintained in a horizontal posture. Standing is more favourable than walking. The leg should be well washed, and rubbed quite dry, every morning.

Varicose Ulcers.—Their treatment is the same as that of ulcers generally, with the exception of the following directions : Should a Varix burst, excessive Hæmorrhage may suddenly take place, inducing fainting, or even death. The patient should be immediately placed flat on the floor and the leg raised, when the Hæmorrhage generally ceases. A compress and bandage should then be applied to prevent subsequent bleeding. Excoriations or tender spots about varicose veins should have early attention, to obviate the formation of ulcers. See Section on " Ulcers."

CHAPTER IV.

DISEASES OF THE RESPIRATORY SYSTEM.

105.—Hay-Asthma—Hay-Fever—Summer Catarrh.

DEFINITION.—A specific disease, affecting predisposed persons only, and affecting them in the same way, and at about the same period, every or nearly every year, and caused by the pollen from certain flowering plants, including the grasses. The term Hay-fever is not sufficiently inclusive, for hay, although sufficient in many cases, less frequently produces the affection than the various flowering plants. It undoubtedly demands a special susceptibility in the patient, and vaccines have been made and used with some success.

SYMPTOMS.—They are those of an ordinary Catarrh, to which those of *Asthma* are superadded. These are —itching of the forehead, nose, eyes, and ears ; much general irritability and lassitude ; sneezing ; profuse discharge from the nose ; tightness of the chest, dyspnœa, and cough ; pricking sensations in the throat, general depression, etc. Exposure to the emanations from powdered *Ipecacuanha* give rise to similar symptoms in many persons.

EPITOME OF TREATMENT.—

1. *When the chest is chiefly affected.*—Ipec., Ac.-Hydrocy K.-Bich., Ac.-Carbol.

2. *When the nose, eyes, and throat.*—Ars. (*much debility with acrid discharge*); Euphr. (*profuse lachrymation*); K-.Hydriod., Sabad., All, Cep.

3. *Prophylactics.*—Ars., Iod., K.-Bich., Psor., Thuja.

Sabadilla.—The late Dr. Bayes recommended one drop three times a day in water, and the administration of the drug by olfaction, several times daily; he adds, "By this means I have cured many severe cases, and made numerous converts to our system." Severe paroxysms of sneezing suggest this drug.

Liq. Potassæ Arsenitis.—Is recommended as a *specific* We have obtained excellent results in many cases from *Ipec.*, *Euphr.*, *Merc.* and *Ars.* In several the disease has not recurred in subsequent years.

INHALATION.—The remedy used internally should also be administered by inhalation, either by simple olfaction, or, still better, in the form of vapour; this is produced by means of an ordinary perfume or spray-producer. Inhalation should always be employed during an attack.

ACCESSORY MEANS.—Removal to the coast, with a barren surrounding country, or to any part where flowering plants and grass do not grow, or hay is not stored, offers the surest protection. The symptoms are mitigated by protection from bright sunlight and by such means as tend to promote the general circulation Cold or tepid bathing, the cold-shower-bath, and the Turkish bath are also recommended under different conditions. In one reported case, two or three minutes' swim in the sea removed the symptoms as if by magic.

106.—Laryngitis and Tracheitis.

Definition.—An inflammation of the mucous membrane of the *larynx* and *trachea,* with secretion of tenacious mucus,and considerable swelling from effusion into their submucus areolar tissue. This trouble was formerly called Croup, but the name should now be abandoned. Laryngeal Diphtheria was frequently called Croup, and confused with ordinary Laryngitis.

Symptoms.—The disease usually begins as a Catarrh, the first indication being *fever* and *Hoarseness* (a symptom which always indicates the implication of the larynx and the neighbourhood of the vocal cords) in the voice or cry of the patient, with a peculiar barking cough. In adults, unless due to Tubercle, or Syphilis, Laryngitis is troublesome, but not a serious disease. In children, however, we often find that after one or two days, or even without any premonitory indisposition, *usually at night,* the symptoms become aggravated, the sleep being interrupted by paroxysms of *hoarse* coughing, the child throwing its head back to put the windpipe on the stretch. A metallic ringing sound is heard in the inspiration and in the cough, which has been compared to the crowing of a young cock, or to the barking of a puppy ; with this there is often evident a certain amount of laryngeal spasm, and although the respiratory efforts are great, it is evident, from the turgescence of the face and neck, that an insufficient quantity of air enters the lungs. After the fit has continued for a time, a few minutes to an hour or more, there is an interval of relief usually of several hours' duration. The pulse is frequent and wiry ; and there is loss of appetite, thirst. and great distress.

Pure spasm of the larynx without inflammation is spoken of elsewhere. It is rarely fatal, ordinary laryngitis is also more troublesome than dangerous.

CAUSES.—The immediate cause is infection from an organism, generally of influenza or the pneumococcus. Predisposing causes are—cold; dark, damp, and unhealthy localities; sudden changes of temperature; wet feet; poor and scanty food, especially the adoption of improper diet when a child is weaned; insufficient clothing, or previous illness.

EPITOME OF TREATMENT.—

1. *At the commencement.*—Acon., Spong., or Ant.-T.

2. *Fully-developed Laryngitis.*—Brom., Iod., Spong., K.-Bich., Hep.-S.

LEADING INDICATIONS.—

Aconitum.—Febrile symptoms, *spasm of the larynx* inducing *difficult breathing.* In urgent cases, a dose every ten, fifteen, or thirty minutes. Even when another medicine is indicated the remedy chosen should be alternated with *Acon.*, as spasm frequently occurs during the course of the disease.

Bromine.—Laryngitis, with extreme congestion and swelling of the air-passages; affection of upper part of the air-tubes, causing the child to grasp at the throat, and evince anxiety; dry croupy cough, like that of a sheep, grating and tickling. Aggravation of symptoms from warmth. A low dilution (1*x*) should be administered alt. *Acon.*, if the skin is hot and dry, every half-hour or hour till improvement ensues.

Spongia or *Iodine.*—One of these may be chosen if there be a hard, barking, or whistling Cough, and the breathing is very laboured. *Iod.* should have the preference in weakly patients, and be administered also by inhalation.

Hepar Sulphur.—Loose Cough, with a ringing or brassy sound, and constant rattling in the respiratory organs, during which the patient tries in vain to get relief by expectoration.

Phosphorus or *Arsenicum,* according to the symptoms, may be required if debility be very great and the disease take on a typhoid character. One of these remedies may be alternated with another having more affinity to the local lesion.

Administration.—In very severe cases, every fifteen or thirty minutes; in less severe, or during improvement, every two, four, or eight hours.

Accessory Measures.—During the treatment everything should be avoided that would be likely to excite or irritate the patient. A partial or complete warm bath at 98° Fahr., repeated in a few hours if the patient continue very hot; sponges or cloths squeezed out of *hot* water and applied to the throat; the feet and general surface of the body should be kept warm and the air of the apartment raised to about 65° Fahr., and this temperature uniformly maintained by day and night; it is sometimes recommended that watery vapour should be thoroughly diffused therein by keeping a kettle of water constantly boiling on the fire, or over the flame of a spirit-lamp, and fixing a tin or paper tube to the spout to convey the vapour near to the patient. This often gives relief, but should be done rather as an emergency measure than as a matter of routine. In very severe cases, a tent should be formed over the patient's bed, and steam conducted under it by a tube from boiling water, to which a few drops of *Iodine* or *Kali Bich.* have been added. This method of administering medicines by inhalation is a most valuable one in Laryngitis.

107.—Coryza—Catarrh—Cold in the Head: and Bronchial Catarrh.

The condition expressed under the above different terms is of common occurrence, and often the precursor of very serious affections. It consists of inflammation of the mucous membrane of some portion of the air-passages. If the mucous membrane of the nose is affected, it is called *Coryza*; if the *trachea* and large bronchial tubes, *Bronchial Catarrh.*

Symptoms.—Coryza usually commences with lassitude, slight shiverings, weight in the head, sneezing, watery eyes, and obstruction of one or both nostrils, with a discharge of thin, colourless fluid. If it be a severe cold, the foregoing symptoms are soon followed by a dry Cough, Hoarseness, Sore Throat, dryness, tenderness, and swelling of the nostrils, pains and soreness of the limbs, general weakness, more or less fever, quick pulse, thirst, loss of appetite, etc. Under a vigorous condition of the constitution, or as the result of judicious treatment, the symptoms soon subside. In other cases the complaint may assume the form of Bronchitis, Pneumonia, Quinsy, Influenza, Toothache, Neuralgia, or even be the forerunner of Tubercle in a predisposed person.

Causes.—Infection by some bacterial organism. There are many capable of causing symptoms of Catarrh, especially the Micrococcus Catarrhalis and Pneumococcus and Influenza germs. Predisposing causes are—exposure to draughts of cold air; wet boots or clothing; insufficient clothing when the body is *cooling after having been heated.* Wet feet or wet clothes do not ordinarily result in a Cold if the individual changes his clothes for *warm, dry ones,* immediately after ceasing from active exercise, and avoid any further exposure. But if a person perspires, and then gets chilled, he will be very likely to take cold, and to exhibit some of its effects. It is not when the body is *hot*, but when it is *cooling*, that it is most susceptible. When the body has been heated or exhausted by exercise, the frame is not able to *react*, and then the application of cold increases the depression. *Partial exposure* to a cold atmosphere, as in a close carriage with the windows open, is more injurious than a general exposure ; probably because the balance of the circulation is less disturbed in the latter case, and the lungs are better supplied with oxygen. Damp beds, or prolonged bathing, or even passing from heated rooms to cold ones, or into the open air, will frequently give cold.

TREATMENT.—*Camphor.*—This remedy is suited to the *chill* or cold stage, when its prompt administration, in two-drop doses, repeated several times, every ten or twenty minutes, will often terminate the disease in the first stage. It should be chosen in preference to *Acon.*, when the patient has still to be exposed to atmospheric changes. It is of little or no use except in the *incipient* stage.

Aconitum.—Commencement of a Cold, or in the precursory stages of diseases resulting from a cold, with *feverishness.* If promptly administered, it often obviates the necessity for any other medicine. A dose every second or third hour. If the cold has advanced into any other disease, *Acon.* may be alternated with, or substituted by, some other remedy.

Bryonia.—For Bronchial Catarrh—" Cold on the chest "—with hard Cough, shaking the head, etc., and soreness of chest, *Bry.* is one of the best remedies, with or without *Acon.*

Gelseminum.—Watery discharge from the nose, soreness in the throat and chest, Cough and Hoarseness; early stage of acute Bronchitis, without the excitement calling for *Acon.*; catarrhal Ophthalmia.

Arsenicum.—Abundant discharge of *thin, hot, excoriating mucus* from the nostrils, with *burning sensations*; flow of tears; lassitude and *prostration.*

Allium Cepa.—Thin excoriating discharge, better in open air, violent spasmodic cough.

Pulsatilla.—Impaired taste and smell; thick fœtid discharge from the nose; heaviness and confusion in the head; *aggravation of the symptoms in the evening or in a warm room*; sharp pains in the ears and sides of the head, frequently changing from one place to another.

Mercurius.—Constant *sneezing*, with soreness of the nose; thick mucous discharge; alternate heat and shivering; *profuse perspiration*; *Sore throat*; aggravation of the symptoms towards evening. It is often useful in alternation with *Nux V.* If *Merc.* fail, *Hep.-S.* may be substituted.

Euphrasia.—Acrid fluent Coryza, with involvement of the lining membrane of the eyes, and *profuse lachrymation.* Better out of doors.

Kali Bichromicum.—*Chronic Catarrh*, and chronic affections of the respiratory mucous membrane generally with Hoarseness, *tough stringy sputa*, chronically inflamed or ulcerated throat, Cough, etc. An additional indication is a concurrent affection of the digestive mucous membrane—yellow-coated tongue, etc.

Bapt. (with feverish Cough); *Nux V.* ("stuffy Cold"); *Ipec. or Cact.* (rattling of mucus); *Cimic.* (chronic); *Rumex* (sensitiveness to cold air); *Cham.* (infants and young children); *Dulc.* (often *preventive* or curative of Cold from damp). Sufferers from regularly recurring catarrh should have the offending germs determined and isolated, and a vaccine made. Vaccine treatment of this disorder is very satisfactory.*

ACCESSORY MEANS.—The *hot foot-bath* at bedtime, and warm gruel when in bed. When the directions are promptly and efficiently carried out, Cold may generally be arrested in its incipient stage. When the Catarrh is established, the most essential measure to insure a rapid recovery is to avoid exposure to atmospheric vicissitudes until the attack has passed away. In serious cases the patient should remain in bed for two or three days. As a rule, light food, and a very sparing use of meat, should be adopted at the commencement of a cold. Young infants should be fed with milk by means of a spoon, and simple cerate, cold cream, or tallow applied to the nostrils.

TO DIMINISH EXCESSIVE SENSIBILITY TO COLD.—Extremely sensitive persons should consult a homœopathic physician, who will be able to prescribe both hygienic and medicinal measures suitable to individual cases. Tho two following measures are, however, recommended for general adoption. 1.—*Free exposure to the open air daily.* Familiarity with the atmosphere has a wonderful influence in diminishing the sensibility of the skin, and enabling the body to resist the invasion of cold. 2.—*The morning cold bath.* Especially when preceded by the performance of such regular muscular exercises as those of Lieut. Müller's system. Cold-sponging over the entire surface of the body, the plunge-bath, or the shower-bath, is an invaluable method of protecting the body against injury from exposure to changes of temperature, in those who can obtain a good reaction, and who do not feel tired afterwards. Taken regularly in the morning, the cold bath inures the surface of the body to a greater degree of cold than it will probably encounter during the day; and at the same time it promotes a vigorous capillary circulation, which is essential to the harmonious and healthy working of the system. For hints on the use of the bath, see Sec. **11**.

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* See *Homœopathic World* for 1913.

108.—Aphonia—Loss of Voice—Hoarseness.

Definition.—Aphonia is a temporary or permanent paralysis of the muscles which approximate the vocal cords in the production of sounds.

Causes.—Acute, or sub-acute inflammatory condition of the mucous lining of the larynx and trachea, a frequent accompaniment of a common Cold. Severe ulceration of the larynx from Syphilis, Tubercle or Cancer, may cause Aphonia. Hysteria or debility is a cause of simple Aphonia. Aphonia from the pressure of an Aneurism or glandular Tumour is also accompanied by marked dyspnœa. It is rather a symptom than a disease *per se.*

Symptoms.—The voice is hoarse and husky, at times almost or entirely inaudible; there is a tickling, dryness, or irritation and perhaps soreness in the throat; with a short, dry Cough.

Epitome of Treatment.—

1.—*Simple hoarseness.*—Phyto. (*also complete of chronic loss of voice*); Hep.-S. (*wheezing*); Phos. (*Paralysis of the vocal cords*); Carbo V. (*chronic*).

2. *With cold in the head or chest.*—Acon., Caust., Merc., Bry., Spong., Phos., Dulc.

3. *From over-exertion of the voice—clergymen, singers, etc.*—Phyto., Caust., Arn., Bary.-C., K.-Bich., Bell.

In some cases the *Sulphurous Acid* spray may be effectually employed. The throat and neck should be often bathed with cold water, as a preventive. *Electricity* is also of use.

Leading Indications and *Accessory Means* are pointed out in the preceding Section ; also in that on " Sore Throat."

109.—Bronchitis.

(*a*) ACUTE BRONCHITIS is acute Inflammation of the mucous membrane of the *bronchi*—the air-tubes of the lungs. It may affect either the large or the small bronchi ; and the smaller the tubes in which the inflammation exists, the greater the danger. Bronchitis is most common in elderly persons, although it is not infrequent in children.

SYMPTOMS.—At first there is fever, with headache, lassitude, anxiety, Hoarseness, Cough, heat, and soreness of the chest, and other symptoms of a common Cold. The mucous secretion is at first arrested, but afterwards increased in quantity. There is a sense of tightness or constriction of the chest, especially of the upper front part ; oppressed, hurried, anxious, laboured breathing, with wheezing, severe Cough, which is at first dry, but is afterwards accompanied with viscid and frothy expectoration, sometimes streaked with blood ; the breathing-sounds are accompanied by dry or moist râles ; subsequently the sputa become thick, yellowish and purulent, but never rusty-coloured as in Pneumonia, although it is frequently streaked with blood. The pulse is frequent and often weak ; the temperature of the body is always raised, in severe cases as high as 105° ; there is throbbing in the forehead and aching in the eyes, aggravated on coughing ; the tongue is foul ; the urine is scanty and high-coloured, with other febrile symptoms. In favourable cases the disease begins to decline between the fourth and eighth days, when the breathing becomes easier, and the expectoration thicker, less frothy and stringy ; and the complaint soon entirely disappears, or assumes the chronic form.

In cases about to terminate fatally, the skin becomes covered with *cold* perspiration ; the cheeks and lips are pale and livid ; the extremities cold ; there is rattling and a sense of suffocation, the breathing being nearly suspended by the morbid secretion which chokes up the bronchial tubes and their ramifications, and which the patient has no longer power to cough up ; at length, extreme prostration and complete insensibility end in death.

MORBID ANATOMY.—On a *post-mortem* examination, we find the trachea, the bronchi, and their divisions and sub-divisions, completely blocked up by a frothy, adhesive mucus, resembling that which had been expectorated during life.

(*b*) CHRONIC BRONCHITIS is a somewhat different disease, very common in advanced life. In mild cases there is only habitual Cough, shortness of breath, and copious expectoration, and entire absence of Pyrexia. Many cases of winter cough in old persons are examples of chronic Bronchitis. It is often insidious in its approach, although it sometimes succeeds to acute Bronchitis, when that disease has been neglected or badly treated. As a result of the constant coughing, the air vesicles of the lungs become stretched and ruptured, producing a condition known as Emphysema, and the bronchial tubes become sacculated, forming at times cavities of some size. This condition is known as Bronchiectasis. Some degree of Emphysema or Bronchiectasis (or both) accompanies Chronic Bronchitis. Both add to the shortness of breath and neither can be entirely removed though the symptoms can be relieved.

CAUSES.—Similar to those of common Cold :—Infection by bacteria of various kinds. Predisposing causes :—exposure to cold draughts of air, to keen and cutting winds, sudden changes of temperature, scanty clothing, or undue exposure of the throat and neck after public speaking and singing. There are certain " social indiscretions " which are fertile causes. Among these are the habits of our business men, " who, after a hurried early breakfast, hasten to catch the train or 'bus to the city, where they work all day on little or no food, and start on the homeward journey in the evening with the vital powers depressed, and in a condition most favourable to the inroad of disease. Ladies are also ' indiscreet ' in exposing themselves to draughts of cold air in the thinnest and scantiest clothing, in halls or passages, or even in the open street on the way between a crowded room and their carriage. Thin boots, and too late resort to winter habiliments, are also sources of danger; as is also inattention to the fact that those advanced in years require warmer clothing than the middle-aged."

Winter Cough, often regarded with indifference, is, in many cases, but a precursor or symptom of this common disease. " When an epidemic of Cholera sweeps away its *hundreds*, public attention is attracted, and fear induces attention to precautions hitherto despised. Bronchitis sweeps away its *thousands annually*, and is surely deserving of more general attention than is generally given to a mere ' winter Cough.' "

EPITOME OF TREATMENT.—

1. *Acute Bronchitis.*—Acon., Ant.-T., K.-Bich., Bry., Phos., Ipec.

2. *Chronic.*—Ant.-T. (*much loose mucus*); K.-Bich. (*tough, stringy phlegm*); Carbo V. or Ars. (*great debility*); Ammon.-Carb. (*incessant Cough, with sensation as if there were wool in the larynx*); Merc. (*purulent expectoration*); Sil., Phos., Sulph., Cact. *Ac.-Nit.* is of great service in many cases.

3. *In children.*—Acon., Phos., Bry., Puls. (*loose cough*); Ipec. (*spasmodic Cough*); Ant.-T. (*accumulation of mucus*).

4. *Remedies sometimes required.*—Bell., Coni., Seneg., Spong., Iod., Opi.

LEADING INDICATIONS.—

Aconitum.—Should commence the treatment of all cases with the usual *febrile symptoms.* If administered early and frequently it will materially shorten the attack, and perhaps be alone curative. A short, hard Cough, excited by tickling sensations in the windpipe and chest, inducing frontal headache; and burning and sore pain in the chest, are also indications.

Bryonia.—Violent Cough, chiefly affecting *the upper part of the chest,* under the breast-bone, with copious expectoration of thick yellow mucus, sometimes blood-streaked. In advanced stages the choice often lies between this remedy and *Phosphorus.* With *Bry.* the cough is worse on going from cold air into a warm room: with *Phos. vice versâ.* *Bry.* is also useful in the acute attacks of children with suffocative Cough, great agitation and anxiety.

Kali Bich.—Bronchitis, with irritation in the larynx and chest, inducing severe and long-continued paroxysms of Cough, with *tenacious and stringy* phlegm.

A *yellow-coated tongue,* and loss of appetite, are also indications. It is very useful when Catarrh runs on into Bronchitis, and in the Chronic Bronchitis, with the above symptoms.

Antimonium Tart.—Paroxysms of *suffocative* Cough with loose expectoration, *wheezing respiration;* the whole chest seems to be involved; frequently also there is Palpitation, pain in the loins and back, Headache, thirst, etc. In chronic Bronchitis it is often useful in promoting expectoration.

Ipecacuanha.—Spasmodic Cough, with or without expectoration of blood, often with sickness, and great difficulty of breathing; also as an expectorant.

Phosphorus.—Chronic cases, and whenever the lungs are involved, or there is inability to remove the phlegm.

Arsenicum.—Chilliness in the chest; a *suffocative sensation on lying down;* anxious, laboured breathing; or when the lungs do not permit the fresh entrance of oxygen into the air-tubes, and thus are incapable of expelling the morbid secretions. *Ars.* is well indicated in the aged or feeble.

Ars.-Iod.—Frequent Cough, with *muco-purulent* or *stringy expectoration,* often aggravated on exertion, and at night; *dyspnœa on exertion;* asthmatic sensations, compelling the patient to sit up in bed to breathe; slight night-sweats.

Carbo Veg.—Chronic Bronchitis in the aged; profuse expectoration, or profuse mucous accumulation, which the patient is unable to remove; *blueness of the nails, coldness of the extremities,* and loss of voice. *Solan.* is useful in similar cases.

China.—Useful in *sustaining the constitution* under the heavy discharge of mucus. It may be administered alone or in alternation with another remedy.

Administration.—In acute cases, a dose every two to four hours; in chronic, thrice daily.

Kreasote Inhalations.—In chronic Bronchitis, with excessive expectoration, the inhalation of the vapour of *Kreasote*—three or four drops in a pint of boiling water—checks the secretion. It also corrects the fœtid sputa. See also Section on "Cough."

ACCESSORY MEANS.—In acute Bronchitis the diet should be light and liquid, including barley-water, gruel, jelly, beef-tea, etc. Free diaphoresis should be induced by frequent draughts of water and a couple of extra blankets. In both acute and chronic Bronchitis great relief is obtained by the use of the alkaline mineral waters of Ems, Seltzer, and Obersaltzbrunnen. The air of the patient's apartment should be maintained at a temperature of about 65° to 70° Fahr., and be kept *moist* by the evaporation of hot water from shallow dishes near the bed; but proper ventilation should also be preserved. Congestion of the lungs may be relieved by covering the chest with large hot linseed-meal poultices. If there is great prostration, nutritious liquid diet and stimulants are necessary; if they cannot be taken by the mouth, they should be administered in the form of enemata.

PREVENTIVE MEANS.—The first and most important is, cold bathing in the morning, that particular form of bath being adopted which is found most useful or convenient. (See bathing) Susceptible patients may wear a good respirator whenever exposed to night air, or during inclement weather; but such exposure should be avoided as much as possible. Keeping the mouth shut, and breathing through the nose only, on exposure to cold air, often answers as well as a respirator.

Another preventive in the case of males is the *beard*, which protects the respiratory passages against the effects of sudden changes of temperature. In many instances the beard would protect clergymen, barristers, and other public speakers, as well as singers, from the injurious effects of sudden variations of the atmosphere, from which professional men often suffer.

110.—Asthma.

Definition.—Asthma is a spasmodic disease, characterized by paroxysms of difficult breathing, with great wheezing, and a dreadful sense of constriction across the chest; each paroxysm terminates by the expectoration of a more or less abundant quantity of mucus.

Symptoms.—A paroxysm generally occurs in the night, particularly from midnight to early morn; the patient wakes suddenly with a sense of suffocation, springs up in bed, and assumes various postures; or he even rushes to the open window, where he leans forward on his arms employing all the muscles of the neck, back, and chest to assist respiration; and, wheezing loudly from the great obstruction to the entrance and exit of air, labours for breath like one struggling for life. The countenance bears evidence of great distress; the eyes protrude; the skin is cold and clammy, the pulse small and feeble; the perspiration stands in large drops on the forehead, or runs down the face; and he often looks imploringly, sometimes impatiently, at his medical attendant, for relief from his misery. At length, after an uncertain time, one to three hours, or longer, there comes a remission; cough ensues, with expectoration of mucus, and the paroxysm ceases, permitting the sufferer to fall into the long desired slumber.

The attacks are unattended with fever, but are generally preceded by some disturbance of the digestive organs. They are often periodic and sudden, and attended with distressing anxiety.

Physical Signs.—On *percussion* during a fit, the chest is resonant, showing that the lungs are distended with air; but on applying the stethoscope little or no respiratory sound is heard, as if the air were imprisoned or in a state of stagnation in the air cells; and it is probable there is a spasmodic contraction of the muscular fibres of the air passages which stops or modifies the respiratory murmur.

Diagnosis.—The physical conditions of the chest just pointed out, the abruptness and violence of the symptoms and the comparative good health enjoyed between the attacks, are sufficient to distinguish the disease.

Causes.—Irritation of the nerves of respiration resulting in most cases from *deranged digestion,* from the intimate nervous connection existing between the digestive and the respiratory organs; it may also be produced by changes of the atmosphere, or by the introduction of some poisonous but subtle material floating in the atmosphere, and brought by inspiration into contact with the respiratory surface, such as the minute particles, or the mere odour, which passes off from powdered ipecacuanha or hay; the vapour of sulphur, sulphurous acid gas, or chlorine. Asthma is now considered by many to be intimately associated with poisoning by protein foreign to the body, and to be related to what bacteriologists call anaphylaxis. Asthma is often associated with the gouty or rheumatic diathesis. Excessive exertion and mental emotion frequently bring on a paroxysm. After it has once occurred, Asthma is easily reproduced in Indigestion, especially after *late* *dinners or suppers.* A frequent repetition of the fits leads to a dilated state of the air-passages and air-cells of the lungs (*Emphysema*), dilatation of the right cavities of the heart, and the general displacement of that organ which uniformly exists in persons who have *long* suffered from this disease. The disease may also be hereditary. Diseases of the nose (Polypus, etc.) may cause attacks of Asthma.

EPITOME OF TREATMENT.—

1. *For the attack.*—Acon., Ipec., Cup., Lob., Ac.-Hydrocy., Nat.-Sul., Nitrite of Amyl (by inhalation.)
2. *Asthma of children.*—Samb., Ipec., Gels.
3. *From suppressed eruptions.*—Graph., Sulph., Zinc.
4. *Chronic Asthma.*—Ars., Nux V., Sulph., Arg.-Nit., Cocc., Plumb., K.-Hydriod.

LEADING INDICATIONS.—

Ipecacuanha.—A tight sensation in the chest, panting and rattling in the windpipe, which feels as if full of phlegm; coldness, paleness, anxiety, and sickness; troublesome cough. A dose every ten or fifteen minutes during an attack; afterwards every three or four hours.

Aconitum.—The striking power of this great remedy in affections of the pneumogastric nerve characterized by imperfect and laboured breathing, has suggested its use in spasmodic Asthma, during the paroxysms of which we have often administered it with marked and speedy relief.* It is especially indicated by oppressive anxiety, dyspnœa, and laboured action of the heart.

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* A few years ago, a lady, on a visit to Reading, was seized with a severe attack of Asthma; the tightness of the chest and dyspnœa were extreme, and the patient could not lie down. We prescribed *Acon.* (rad.) in the evening. On visiting the patient early next morning, we found her in the breakfast room, and so changed that we did not know her. She was quite well. She had suffered from repeated attacks before, and recoveries were tedious. Just as we were preparing a new

Lobelia Inflata.—Pure nervous Asthma, with a constrictive, suffocative sensation ; spasmodic Cough ; Vomiting ; giddiness, etc. *Baptisia* ; for simple symptoms.

Cuprum.—Also useful in attacks of nervous Asthma.

Nux Vomica.—Probably the best anti-Asthma remedy. It is homœopathic to that condition of the digestive system which is the most common cause of the irritation which results in Bronchial Spasm. Again, " after the paroxysm subsides, it leaves a condition of the digestive organs for which *Nux Vomica* is the great remedy. The tongue is coated with a thick yellow fur ; there is often slight nausea, flatulence, and constipation. Besides, the breathing is seldom quite right ; generally, there remains a sort of physical memory of the struggle. The patient feels that no liberties must be taken, either of diet or exercise. Out of this secondary state of bondage nothing will liberate so effectually as *Nux Vomica* " (*Russell*).

Arsenicum.—Short, anxious, wheezing breathing ; aggravation of the sufferings on lying down, and upon the least movement ; periodic, suffocative attacks, with a pale or bluish face. It is especially useful in the aged and feeble, and in chronic Asthma, with burning heat in the chest, cold sweats, and prostration ; also when complicated with Heart-disease, or following Bronchitis

edition of this work for the press, the lady again visited Reading, and after having been free since the above attack was again seized with Asthma. We were sent for in great haste, as death seemed imminent. As we were not at home, the messenger—the patient's brother—said another medical man must be called in at once, as the symptoms were urgent. The previous treatment of the case was referred to in our case-book, and *Acon.* ϕ given. In less than ten minutes after taking a dose of the *Acon.* mixture the spasm relaxed, and when we saw the patient on our return she was quite restored, and needed no further medical treatment.

or Catarrh. When *Arsen.* relieves the attack, *Thuja,* in occasional doses, will often do much to prevent their recurrence.

Veratrum.—Violent *paroxysms* of spasmodic Asthma. with coldness of the nose, ears, and feet, *cold perspirations,* and great prostration.

Sulphur.—Chronic Asthma apparently connected with Gout, skin eruptions, or some other constitutional taint; also after other medicines have but partly succeeded.

Ant.-T., K.-Hydriod., Eup.-Perf., Rumex, and *Bell.* should be noted. The vaccine treatment of asthma has distinct value and should be considered if remedies fail. (See Chronic Intestinal Toxæmia.)

ACCESSORY MEANS.—During a fit, striking relief may often be obtained by putting the feet and hands into *hot water.* Smoking *Stramonium* at the commencement of a fit removes it like a charm in some; in others, however, it fails altogether; the inhalation of *Aconite vapour* is much more certain and efficacious; also of *Sulphur, Turpentine,* or *common Salt,* either inhaled from hot water, or by spray-producer. *Coffee,* as strong as it can be made, and as hot as it can be taken, without milk or sugar, is sometimes palliative. Holding the breath as long as possible helps to relax the Spasm. In obstinate cases *inhalation* of *Chloroform* may be employed to relax the contracted muscular fibres. Tobacco smoking, and other such measures, are of no ultimate utility, and are, moreover, rendered unnecessary by homœopathic treatment. Relief is often obtained by the fumes of burning *Nitre* on a plate, which is done by placing some pieces of blotting-paper, about the size of the hand, previously saturated in a solution of the *nitrate of Potash:* one of these pieces being ignited, the fumes are diffused throughout the room, and their influence is soon made evident. At the same time ventilation must not be neglected; the windows should be regularly thrown wide upon to renew the air of the apartment.

PREVENTIVE MEASURES.—Persons predisposed to Asthma should strictly avoid all its exciting causes, especially indigestible food and heavy suppers; wet feet, damp clothes, and sudden changes of temperature. The inclination to *stooping* should be corrected, and the shape and capacity of the chest improved by a systematic course of drilling. The plan of "dietary" sketched in the first chapter of this volume should be adhered to; for the slightest disorder of the stomach may occasion an attack. Pastry, highly seasoned dishes, too great a variety or too great a quantity at one meal, coffee, and heating beverages, should be avoided. "More is to be done for asthmatic patients on the side of the stomach than in any other direction." In some cases the diet should be weighed, the hours of meals fixed, and rigidly adhered to. An important point is to take the last solid meal at such an hour as shall allow time for its complete digestion before retiring to bed. Although suppers are generally injurious, a cup of bread-and-milk or a small sandwich is acceptable in the evening, and is by no means hurtful to an asthmatic patient desiring food at that time.

When well borne, the *Shower-bath* is a valuable and potent agent to fortify the body against Asthma; the sudden application of water strengthens the whole system, and renders the body less sensitive to atmospheric changes. Out-of-door exercise, walking or riding, is also useful; but it should not be taken within one or two hours after a meal, or to such an extent as to occasion fatigue.

111.—Pneumonia—Inflammation of the Lungs.

Definition.—Acute Inflammation of the true lung-tissue, in contradistinction to that which affects the air-tubes of the lungs (*Bronchitis*), and that of the investing membrane of the lungs (*Pleurisy*) ; the febrile symptoms are severe, appear very rapidly, and, in favourable cases, as rapidly disappear between the fifth and tenth days, while the products of the Inflammation still remain.

If one lung only be involved, it is termed single Pneumonia ; if both, double. The latter occurs in about one out of every eight cases ; in the single variety two cases out of every three are Pneumonia of the right lung. The portions chiefly involved are the lower posterior and the base of the lung. The disease frequently co-exists with Pleurisy, when the double affection is called *Pleuro-pneumonia.*

Symptoms.—Pneumonia generally comes on insidiously with restlessness and febrile disturbance, and sometimes has made great progress before the true character of the disease has been discovered. There is deep-seated, dull pain, referred to the scapulæ, or felt as an oppression under the sternum ; a great feeling of illness ; frequent, short cough, with expectoration of viscid matter of a green, yellow, or rust colour, sometimes tinged with blood, which forms such tenacious masses that inversion of the vessel containing them will not detach them. The breathing is hurried and difficult ; the skin hot, especially in the regions of the ribs and armpits ; there is no moisture in the nostrils which " flap," and the eyes are tearless ; there exists great thirst ; interrupted, hesitating speech ; the pulse is variable, being sometimes rapid and full, at other times hard and wiry, or quick and weak ; the urine is scanty, red, and sometimes scalding ; and the patient lies either on the affected side or on his back. If the disease is unchecked, the face often exhibits patches of redness and lividity ; the blood-vessels of the neck become swollen and turgid ; the pulse weak, irregular, or thready ; and the patient may sink, either from exhaustion or from obstruction of the lungs.

PHYSICAL SIGNS.—On percussing the chest of a person in health, a hollow resonant sound is returned, proving the presence of air. If we apply a stethoscope to the chest, we hear, as the patient breathes, certain sounds produced by the air entering the air-cells,—"*the vesicular murmur.*" In Pneumonia these sounds become changed ; there is dulness on percussion ; and in the first stage, by auscultation, *minute crepitation* may be heard, which has been compared to the sound produced by rubbing a lock of hair between the finger and thumb close to the ear. In the next stage the sound just described cannot be heard, for as the Inflammation proceeds, the soft and spongy character of the lung is lost, as it becomes consolidated by organization of the effused fibrine in the air-cells, and resembles the cut surface of the liver ; this condition is called *Hepatization,* when the stethoscope is applied over the solidified lung, the breath sounds are heard in an exaggerated form. *Percussion* elicits great dulness over the whole of the affected part. During convalescence, as the air-cells open, *minute crepitation* may be again heard, and afterwards the natural vesicular murmur.

In persons having a low vitality, purulent infiltration may occur, which consists of diffused suppuration of the lung-tissue. In rare cases a circumscribed Abscess forms. The occurrence of copious expectoration of whitish or yellowish mucus, general perspiration, a sudden abundant discharge of urine with copious sediment, Diarrhœa, or even bleeding of the nose, may be regarded as signs of a crisis, encouraging the hope of a favourable termination, but the true crisis is shown by the thermometer, which will indicate a sudden fall of temperature at the critical period.

Occasionally, in old or enfeebled constitutions, *Gangrene* of a portion *of the lung* may occur. This condition is easily recognized by a most intolerable odour of the patient's breath, resembling that proceeding from mortification of external parts. Unless the gangrenous portion is extremely limited, the case is almost certain to terminate fatally.

CAUSES.—Pneumonia is due to the invasion of the lung by a bacillus, which in the great majority of cases is the pneumococcus, but severe or long-continued exertion, or over-fatigue, either alone or combined with cold, may act as a predisposing cause by lowering bodily resistance. Brief exposure to *cold*, however intense, is rarely sufficient to excite this Inflammation ; it is rather a *prolonged and deep-reaching cause* of cold that can produce this effect. "Thus," writes Dr. C. J. B. Williams, "if a person gets thoroughly wet, and remains long in wet clothes, or lies out on damp ground, or a sentinel standing or slowly pacing for hours in a cold wind, Pneumonia is likely to be the result. Boys who get heated at football, or some other violent exercise, throw themselves on the damp grass, or remove clothing to cool themselves, or stand about ; the chill operating on the exhausted body, causes extreme Congestion in the lungs, the circulation of which has been weakened by the previous violent respiratory efforts.

The result is Pneumonia, generally asthenic, commonly double, and attended with much prostration.

EPITOME OF TREATMENT.—

1. *At the onset.*—Acon., then Phos. In previously healthy patients, and in uncomplicated cases, these two medicines are generally sufficient.

2. *Pleuritic complication.*—Bry., Phos.

3. *Bronchial complication.*—Ant.-T., Phos.

4. *Other conditions.*—Chel. (*liver complications*); Ars. or Ac.-Nit. (*aged persons or feeble constitutions*); Iod. (*scrofulous patients*); Sulph. (*tedious or sub-acute*); Rhus. Ars., or Bapt. (*enteric symptoms*); Carbo V. Ars., or Lach. (*foul breath, Gangrene,* etc.); Cact. (*Congestion in the chest*); Ver.-Vir. (*also cerebro-spinal irritation*), (Ver.-Vir. is praised by some as almost specific in the early stages if there is marked vascular excitement); Arn. (*from injury, or over-exertion*); Lyc. (*deep-seated pain,* or *bronchial irritation left after Pneumonia*). Ferr. Phos.

ACCESSORY MEANS.—The patient should be warmly but lightly covered; the temperature of the apartment 60° to 65°. A large, thick linseed-meal poultice to fit the chest in front and back, or Antiphlogistine may be used. A continuous poultice is one of the best methods of providing for the local loss of vitality in Pneumonia and similar diseases. Niemeyer says, "In all cases I cover the chest of the patient, and the affected side in particular, with cloths which have been dipped in cold water and well wrung out. The compresses must be removed every five minutes, unpleasant as this procedure is in all cases, yet even after a few hours the patients assure me they feel a material relief. The pain, dyspnœa, and often the frequency of the pulse, is reduced. Sometimes the temperature goes down an entire degree. It must be remembered, however, that if a poultice is to do any good the patient ought to feel the benefit of it in relief of symptoms at once. If a poultice is not felt to be a relief and comfort by the patient it should be discontinued. The patient must be kept very quiet, have mucilaginous drinks and farinaceous diet, and be treated generally as directed under *Enteric Fever*.

112.—Pleurisy.

DEFINITION.—Acute Inflammation of the *pleura* (the serous membrane which invests the lungs and lines the thorax).

In health, the pleura has a smooth, lubricated surface, to permit the free motion of the viscera it encloses; inflammation destroys this polished surface, so that movement of the membranes, or of the lungs, is rendered difficult and painful.

PLEURODYNIA (*false Pleurisy*) is pain in the chest-*walls*, and does not belong to the pleura, or lungs. See Section on "Neuralgia."

SYMPTOMS.—The disease comes on suddenly and violently, with rigors, fevers, and *lancinating, stabbing-pains*, often called "stitches in the side," commonly felt below the nipple, and usually affecting only one side; the pains are actually increased by coughing, by pressure, or by the least attempt at a deeper inspiration, which the patient soon refuses to take. There is tenderness at the intercostal spaces, and the breathing is diaphragmatic, the movements of the ribs being restrained, and the lungs only partially filled with air. There are also a short, frequent, dry cough; parched tongue; flushed face; hard, wiry, quick pulse (about

100 in the minute); scanty, high-coloured urine; and the patient constantly desires to lie on the affected side, or on the back. Should the lung also be involved, the expectoration will be very copious, and streaked with blood.

The Inflammation, however, soon terminates either in *resolution,* when the two surfaces of the pleura regain their smooth moist character; or the roughened and inflamed surfaces become more or less *adherent;* or *effusion* takes place, and a dropsical fluid separates the surfaces, a condition known as *Hydrothorax.* In several cases the effusion may be so excessive as to compress the lungs and the heart, and to suspend their functions. Sometimes there is a large collection of true pus, which fills the pleuritic cavity, when it is termed *Empyema.* This condition is likely to arise in bad constitutions, and also when the Inflammation has resulted from injury, or the presence of foreign matter in the cavity. The quantity of effusion may be estimated by the dyspnœa with which the patient suffers being greater in proportion as the lung is more completely compressed, as also by the extent of the dulness on percussion.

Physical Signs.—On applying the stethoscope to the affected part of the chest at an early period, the dry inflamed surfaces may be heard rubbing against each other and producing a *friction-sound;* this rubbing may also be *felt* by placing the hand on the corresponding part of the chest. This sound is only to be heard for a short time, because the opposite surfaces become glued together, or, more probably, separated by serous effusion; in this there is dulness on *percussion* at the lower part of the chest as high as the level of the fluid. To the same extent the respiratory murmur is also lost. *Ægophony* may also be heard occasionally, above the dull area. This is a peculiar high pitched quality of the speaking voice. At the same time the patient, though at first he preferred to lie on the sound side, is compelled to turn to that which is affected, so that the movements of the healthy lung may not be impeded by the superincumbent weight of the dropsical pleura.

CAUSES.—Infection with some germ. Tubercle is often responsible for Pleurisy. Predisposing causes —exposure to atmospheric vicissitudes and sudden checking of the perspiration, are the most frequent causes, especially in persons of unhealthy constitutions ; surgical operations and mechanical injuries are frequently exciting causes ; thus the rough ends of a fractured rib may set up Inflammation of the pleura. It may also be excited by extension of other diseases. The cause of the disease may materially alter the treatment.

TREATMENT.—*Aconitum.*—In the early stage of the disease. After two or three doses, its beneficial effects are often marked by perspiration, which contrasts most favourably with the hot dry skin, urgent thirst, quick pulse, and general suspension of the secretory functions which previously existed.

Bryonia.—This is a remedy of great power in Pleurisy (as in all other Inflammations of serous membranes), even in its most violent forms. Its special indications are—stinging, shooting, or burning *pains* in the side, *aggravated by breathing or movement ;* painful, dry Cough, or Cough with expectoration of glairy sputa ; laboured, short, anxious, and rapid respirations, performed almost entirely by the abdominal muscles ; weariness, disposition to retain the recumbent posture ; irritability, restlessness, etc. A dose every one to three hours. It follows *Acon.* well.

Arsenicum.—Tedious cases; when much effusion has taken place, evidenced by painful, *oppressed breathing*, occasional attacks of suffocation, etc.; *coldness of the body, exhaustion.*

Iodium.—Weakly patients, in whom the disease is protracted. Even when effusion has occurred, *Iod.*, in alternation with *Acon.* or *Bry.*, is still the best remedy for the tubercular.

Phosphorus.—If the lungs are affected (*Pleuro-pneumonia*); also in persons of weakly constitution, sensitive lungs, and predisposition to Consumption. The expectoration is *rusty-coloured*, and there is much prostration.

Antimonium Tart.—Cough, with rattling of mucus, oppressed breathing, sometimes nausea, *profuse expectoration*, violent throbbings of the heart, and *a sense of suffocation.*

Arnica.—Pleurisy supervening upon long-continued and laborious exercise, or from external injury; especially when pain and soreness remain, or when much fluid has been effused: in the latter case, *Arn.* tends to promote its absorption.

Sulphur.—When the lancinating pains in the chest have subsided, *Sulphur* will often complete the cure. It is also advantageous as an *intercurrent* remedy when recovery is slow, and when the breath and expectoration are *fœtid.*

Ac.-Tannic.—Spontaneous and profuse evacuation of pus.

ACCESSORY MEASURES.—Application of heat, in the form of poultices, flannel wrung out of hot water, etc., applied to the painful part, will often afford immediate relief. Dr. Roberts, of University College, treats Pleurisy both before and after effusion by strapping the affected side firmly with broad pieces of common plaster, placed obliquely to the direction of the ribs, so as to secure *rest.* Many cases, it is said, have been cured very quickly by this means.

Bleeding in every form should be avoided. Perfect quiet and a semi-recumbent posture should be secured. The diet should be light,—gruel, arrowroot, broth; frequent sips of cold water will allay thirst. In case of effusion into the pleural cavity the diet should be dry, and the question of tapping must be considered. When there is evidence of pus in the chest Aspiration should certainly be practised, and also for serous fluid if it is at all large in amount.

113.—Cough.

Like Hoarseness, Cough is a symptom of disease and not a disease *per se.* It is often the forerunner or attendant of some of the most fatal diseases of our climate, and should, therefore, never be neglected. There are many varieties of cough, but we here only give a list of the remedies in most frequent use, adding the leading characteristic symptoms of each. Cases that persist, in spite of one or more of the annexed remedies, should be regarded as of too constitutional a nature to be treated merely by the aid of books.

TREATMENT.—*Aconitum.* A dry, hard, *recent* Cough, with restlessness, flushed face, Headache, thirst, burning dryness in the throat, scanty urine, confined bowels, etc.

Belladonna.—Short, *dry,* hollow, convulsive Cough, generally worse at night, in bed, better from cold, excited by a sensation of *tickling in the throat,* and accompanied by *flushed face, Headache,* and other symptoms of *Congestion of the head.*

Hyoscyamus.—*Nervous, dry,* spasmodic Cough, affecting old persons, also children and hysterical women, *worse* at night, and especially *on lying down.*

Bryonia.—A *hard, dry shaking cough,* worse in the day-time, attended with *pain in the side,* chest, and head; Cough aggravated by passing from cold air to warm; loose Cough, with white or yellow expectoration, sometimes streaked with blood; nausea and vomiting.

Ipecacuanha.—Irritating, nervous, and *spasmodic* Cough, with *nausea or vomiting;* the early stage of Whooping-cough.

Spongia.—Dry, barking, or *whistling, laryngeal* Cough, with tickling; Hoarseness, and loss of voice.

Hepar Sulphur.—Irritating Cough, with Hoarseness and smarting in the throat, excited or aggravated by exposure to cold or atmospheric changes; *Cough with chronic Indigestion.*

*Ac.-Nit.**—Chronic Cough; non-phthisical dry Cough also when active *non-tubercular* phthisis has *subsided;* long-standing short, dry, teasing, *laryngeal* Cough without expectoration.

Drosera.—Nervous, sympathetic, *spasmodic* Cough, worse at night, with retching or vomiting, and sometimes *blood-streaked sputa.* Patient perspires on waking. The best remedy after *Acon.* in uncomplicated Whooping-cough.

Phosphorus.—Dry cough, excited by tickling in the throat; *Hoarseness,* and pains or soreness in the chest, with rust-coloured, bloody, salty, or purulent expectoration; *phthisical Cough.* Talking, laughing, eating, or moving, causes aggravation, and going from warm air to cold.

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* See *Homœopathic World,* vol. ix., p. 169

Mercurius.—Chronic, moist Cough, worse at night, with *purulent or muco-purulent sputa.*

Carbo Vegetabilis.—Cough on taking the least cold; *obstinate Hoarseness* or loss of voice.

Kali Bich.—Cough, with *tough, stringy, expectoration,* preceded by much wheezing, accompanied with difficult breathing, and followed by dizziness.

Chamomilla.—Cough of *children during teething,* with wheezing, breathing, *fretfulness,* etc.

Sulphur.—*Obstinate* dry Cough, with tightness in the chest, and retching; loose Cough, with expectoration of whitish or yellowish mucus during the day, and dry cough at night, attended with Headache, Spitting of blood, etc.

BEVERAGES.—Barley-water, linseed-tea, and other mucilaginous drinks; or, if preferred, small quantities of cold water, at frequent intervals.

PREVENTIVES.—Cold bathing or sponging the whole surface of the body every morning, as directed under Bathing, Sec. 11. Clothing adapted to the varying conditions of the atmosphere; see Sec. 10. Exercise, every day in the open air, if possible in the country. Familiarity with a free atmosphere affords a security against excessive sensibility to variations of the weather. *Morning* air is best; damp, confined air, or that of crowded assemblies, should be avoided.

CHAPTER V.

DISEASES OF THE EYES.

114.—Conjunctivitis—Ophthalmia.

DEFINITION.—Inflammation of the conjunctiva—the membrane which covers the posterior surface of the eyelids and the anterior surface of the globe of the eye.

Inflammation of the conjunctiva is met with at all ages, and at all seasons of the year, but some forms are more common in the spring and autumn.

Cases are very frequent in poor, ill-fed children, and very commonly these also suffer from chronic coryza, have sores about the nostrils and lips, eczema of the face, perhaps discharging ears. Good food and cleanliness are here of the first importance. Plenty of fat food—milk, cream, and butter—should be given. The internal administration of cod-liver oil is the best cure for the disease in these cases.

Conjunctivitis may be acute or chronic. An acute conjunctivitis may become chronic.

CAUSES.—Apart from mechanical or chemical irritation, inflammation of the conjunctiva is almost always caused by micro-organisms gaining access to the conjunctival sac; or perhaps in some cases by the sudden development under favourable conditions of those which had been already present in a latent condition. They can easily be detected in the discharge; and are the cause of its infectious nature. Infection takes place by the direct transference of the secretion from person to person, or indirectly by the common use of the same article by different people.

An attack may follow any irritation, such as exposure of the eyes to dust, smoke, heat, accidental splashes of foreign fluids, winds, glare of light, prolonged exertion in using the eyes when there is an error of refraction. The reflex irritation of decayed teeth, gastritis, ingestion of stimulating foods, will produce the same symptoms. When these causes of irritation are repeated or prolonged a chronic form of conjunctivitis results: the eyes are always bloodshot, sore, and watery.

Symptoms.—In no disease can the classical features of inflammation—heat, pain, redness, swelling, and alteration of function—be better seen.

Swelling varies from a barely perceptible œdema to a swelling so intense as to render lid and eyeballs immobile, and the skin may be swollen and glassy-looking.

Pain is always present in acute cases. It is peculiar that patients complain of the presence of sand or grit in the eye, even, sometimes, of a feeling as if broken pieces of glass were rolling under the lids. The membrane is sensitive to cold air.

Excluding cases where the eyes are closed by œdema of the lids, there is even in slight cases some blurring of vision.

Tears are excessive and a secretion of mucus or muco-pus glues the lids together in the morning.

There is bright redness of the conjunctiva and frequently extreme intolerance of light.

Treatment.—Bathe the eyes several times daily with warm boracic lotion. If there is muco-purulent discharge use instead a lotion of *Calendula* φ 5 drops, to a wineglassful of warm water. After bathing instil Boracic or *Calendula* ointment within the lower eyelid, —while the patient looks up, draw down the skin of the ɔwer lid, and with a clean glass rod or spatula place a iece of ointment the size of a match-head on the exosed conjunctiva lining the lower lid. If the lids are gglutinated in the morning they should not be opened ithout being first moistened with lotion, but any umming of them together is prevented by smearing he edges at night, or better still, instilling within the ɔwer lid, a little ointment.

Exposure to currents of cold and damp air should be voided, and if the weather be inclement the patient hould remain in a room of uniform temperature. As ɔng as the eyes remain sensitive they may be protected y a shade, or by plain blue or smoke-coloured glasses. 'hey should be used with extreme moderation, and n impure atmosphere avoided.

The food should be simple, nourishing, and igestible.

It is important to remember that many forms are ighly contagious, the infection being not unfrequently ransmitted by towels, sponges, water, etc. Those rticles which will stand boiling in a little washing soda nay be disinfected by that process.

PURULENT OPHTHALMIA is a severe and dangerous ɔrm of conjunctivitis, due in nearly all cases to ontagion from gonorrhœal discharges.

It is most commonly seen in infants infected by aginal discharge at birth, and it makes its appearance bout the third day after the confinement. The lids ecome red and swollen and their edges stick together; n opening them yellowish pus exudes. If the disease e neglected there is great risk to the cornea from lceration and sloughing with consequent incurable indness. In the L.C.C. Blind Schools 37 per cent. of ne children are blinded by this one cause.

The disease is preventable: (1) by curing th leucorrhœa of the mother during pregnancy; (2) b instilling a 1 per cent. solution of silver nitrate, or 1:5,000 perchloride of mercury solution into th conjunctival sac as soon after birth as possible i order to kill the gonococcus should it have gaine access to the conjunctiva. In the child's first toilet, th face should be washed in separate water and dried wit a separate towel to that used for the body, and at n time should the mother's towels be used for the baby.

LEADING INDICATIONS FOR SOME OPHTHALMIC MEDICINES.

Belladonna.—Pain, redness, and swelling; *throbbin pains in the temples;* flushed cheeks, glistening eye and great *intolerance of light.* A dozen drops of th tincture may be mixed with half a dozen tablespoonful of water, and a spoonful given during the acute stag every hour, and afterwards every three to six hour *Acon.* is often required in alternation with *Bell.* whe there are general feverish symptoms; or two doses o *Acon.* may precede *Bell.*

Aconitum.—Conjunctivitis, with *quick pulse,* dry ski thirst, and when arising from cold. The early administration of this remedy, with the local use of *Calendul* or Boracic lotion bath, will generally promptly reliev and cure Catarrhal Ophthalmia.

Mercurius Sol.—Conjunctivitis marked at first by copious discharge of watery fluid, which afterward changes to *mucus and pus;* agglutination of the lids smarting heat and pressure, with aggravation of th pains when moving or touching the eyes. There not much fever present, but considerable itching an irritation.

Euphrasia.—Catarrhal Conjunctivitis, with *profuse cretion of tears,* sensitiveness to light, and catarrhal flammation of the frontal sinuses and of the lining the nose. In simple Catarrhal Inflammation, *pro- se lachrymation* being the chief symptom, it often ires without the aid of any other remedy.

Mercurius Cor.—In the most violent forms of Acute onjunctivitis with extreme *dread of light,* or in *chemosis* ie 1x or 2x of this remedy will often cut short the tack.

Argentum Nit.—This remedy is especially valuable the *Purulent Ophthalmia of children,* which it cures ipidly and completely, without the local use of the itrate. It is also valuable in Chronic Conjunctivitis.

Phytolacca.—Itching in the eyes, aggravated by aslight ; chronic conjunctivitis with *rheumatic pains ;* eddish-blue swelling of the lids.

Gelseminum.—Squinting ; *desire for light ;* Orbital euralgia.

Pulsatilla Nuttalliana.—Eyelids agglutinated ; in- eased secretion of tears ; neuralgic pains in the ye-balls.

Arsenicum.—Obstinate Ophthalmia in *weak,* nervous atients, particularly if the secretion be *acrid,* with *irning,* tearing, or stinging pains in the globe and ds, aggravated by light.

Phosphorus.—Chronic and *obstinate* cases which ave resisted the usual remedies, with sensitiveness to ght, heat, and itching of the eyes, *sudden attacks of indness,* black spots floating before the eyes, and cretion of vsicid mucus.

Ac.-Nit.—Purulent Conjunctivitis ; swelling and red- ess of the mucous membrane and lids ; secretion of scid mucus or pus ; burning and smarting in the eyes ;

Photophobia; *nightly agglutination;* and pains in the bones and parts around the eyes. *Ac.-Nit* is required in cases originating in *Syphilis,* or aggravated by *mercurial preparations.*

Hepar Sulph.—Similar cases to *Ac.-Nit.,* which it may follow if necessary.

Arnica.—Inflammations affecting either the mucous membrane, or the deeper structures of the eyes, from *mechanical injuries.* In addition to its administration, the eye should be bathed with a lotion of *Arnica* φ (five drops to four tablespoonfuls of water). After well bathing the eyes, a piece of lint or linen should be saturated with the lotion, applied to the eye, covered with oil-silk, and secured by a handkerchief.

Other remedies—*Sulph.; Sil., Puls., Lyc., Aur., Rhus, Spig.*

ACCESSORY MEASURES.—In the treatment of the various forms of Conjunctitivis, and weak and imperfect vision generally, the causes of the disease should be correctly ascertained, so that they may, as far as possible, be removed and guarded against. Patients in crowded and unhealthy towns should remove to the country, at least for a time, where they may take daily out-of-door exercise, and enjoy a pure, bracing air Frequent careful tepid washing of the eyes to prevent accumulations of matter; a spacious well-ventilated apartment; and avoidance of all causes likely to keep up the inflammatory process, are all necessary precautions. The food should be plain and nourishing coffee and fermented drinks being excluded; the habit early and regular, and frequent bathing should b practised.

115.—Iritis.

Definition.—Inflammation of the iris. The iris is e coloured membrane which lies in the space between e cornea and crystalline lens. In its centre is the rcular aperture called the pupil. By the contractile ɔwer of the iris the size of the pupil is varied, and ereby the amount of light admitted into the eye rough the pupil is regulated. When children e born they have blue eyes, but as pigment is eveloped in the substance of the iris they may ecome brown.

Inflammation of the iris is acute or chronic ; again, itis may be primary in the iris, or secondary, from tension of the inflammation from a neighbouring seased structure.

By far the most common cause of acute primary itis is Syphilis, probably fifty per cent. of all cases be- g due to it. Other causes are gonorrhœa, tuberculosis, eumatism, gout, diabetes, enteric fever, pneumonia, fluenza, etc.

Symptoms.—There are burning pains of a neuralgic aracter in the eye and severe aching in the forehead, hich come on in paroxysms and are aggravated at ght. The iris changes its colour and becomes blurred. ne pupil is sluggish in action, small and irregular in ape, and, if the disease be neglected or mistreated, ɔsed or obstructed—the rays of light being thus tercepted in their passage to the retina, sight is pre- nted. Marked congestion of the eye, and especially radiating zone of vascular redness surrounds e cornea. No matter forms.

A grave mistake into which the uninitiated often fall to take a case of iritis to be one of conjunctivitis or scleritis. The appearance of the iris itself is the mos valuable guide.

TREATMENT.—*Atropine* (g. iv. ℥i.) instilled into th eye every two hours for the first day or two, les frequently afterwards. Dry heat applied over the ey Dark glasses.

In the gonorrhœal rheumatic forms, the attacks ar very liable to recur even after an interval of years.

EPITOME OF TREATMENT.—

1. *Traumatic Iritis.*—Arn. (*both internally an externally*) ; Acon. (*febrile symptoms*) ; Bell.
2. *Rheumatic.*—Acon., Merc., Bell., Cocc., Coloc Spig., Sulph.
3. *Syphilitic.*—Merc.-S., Cinnabar, Clem., Merc.-Iod Bell., Aur.

See *Leading Indications* for Ophthalmic Medicine

116.—Eyestrain.

DEFINITION.—A convenient expression which ma be taken as meaning that the eyes cannot be used they should be in a state of health, without entailing strain upon the muscles of the eye, which in its tu betrays its presence by local or general discomfort.

CAUSES.—Some, often unsuspected, error of refra tion, or deficiency in the focussing system (" accor modation "), or in muscular action, of the eye. Slig degrees of hypermetropia (" longsight "), with without astigmatism, is the commonest cause eyestrain. Other things being equal, it is the sm error of refraction and not the large which is usual responsible for the symptoms.

Eyestrain is more likely to show itself among t cultivated than among the uncultivated members ociety—the small error of refraction that would pass nnoticed in a labourer might produce marked iscomfort in a hard-worked literary man.

An error of refraction is naturally more likely to cause eadache if the patient is debilitated. It is far from ncommon for the discomfort to make its appearance or the first time under such circumstances, even lthough the underlying ocular defect may have existed rom childhood.

SYMPTOMS.—It is most important to bear in mind hat the sufferers from eyestrain rarely complain of ny defect of vision. Indeed, they not infrequently armly repudiate any suggestion that the eyes are at ault by asserting that they have very good sight—and o they often have; but how do they obtain it? At ne expense of a strain upon the eyes, or otherwise?

Headache is the commonest manifestation of eye-train. It has been estimated that from eighty to inety per cent. of all headaches are of this origin. Vhenever headache, neuralgia, giddiness or other ymptom is induced or made worse by use of the eyes nd relieved by rest, it may be assumed to be due to yestrain. That supposition is strengthened if the atient possesses sight which when estimated by test ypes is found to be normal or better than normal.

It is a suspicious circumstance if headache is com-lained of after a visit to a theatre or a picture gallery, r a journey by train, tram, or car. There is nothing eculiarly characteristic about the headache except that ne sufferer rarely suspects that his eyes are at fault.

The local evidences of eyestrain, which are sometimes resent, assume the form of aching, tenderness, fatigue, hrobbing, watering and redness of the eyes. A frequent omplaint is that lines of print become misty, and cannot be read again until the eyes have been closed for a few seconds. An outbreak of small styes is often a sign ; so is frequent blinking.

That those who suffer from ocular headache sometimes suffer also from disordered general health can scarcely be looked upon as extraordinary. Such complaints as sleeplessness, confusion of thought, inability to fix attention, irritability of temper, and gastric disturbance are not rare, and these symptoms, like the headache may often be relieved by suitable glasses.

Eyestrain should always be thought of as a possible cause in all patients with insomnia, who use the eyes much.

TREATMENT.—Appropriate glasses prescribed after testing with ophthalmoscope and retinoscope by a competent ophthalmic surgeon.

The effects of eyestrain can often be relieved for a time at all events by medicinal treatment, and the leading of an outdoor and active life.

Many highly organized people experience considerable difficulty in becoming used to glasses ; while some, alas ! will not persevere long enough to obtain any sensible relief. If the glasses are correct—not always an easy thing to make a patient believe—the only remedy is time. The uncomfortable feelings gradually become less and less marked, until in the course of a few weeks they are no longer experienced.

117.—Foreign Bodies.

Foreign bodies lodged in the conjunctival sac, unless embedded, are usually found under the upper lid. If the lids be everted they are easily removed with a clean spud, needle, etc. If necessary a drop of four per cent. *Cocaine* solution may be first instilled into the eye, in which case the eye should be subsequently bandaged for a few hours until the effect of the *Cocaine* has passed off.

To evert the upper lid, make the patient look strongly down ; seize the eyelashes of the upper lid with the thumb and forefinger of the left hand ; push down with the thumb of the right hand the skin of the upper lid, three-eighths of an inch above the lid margin, then evert by pulling the lid upwards against the point of the thumb.

Many foreign bodies are dislodged by simply using the eye-bath with warm water.

Lime frequently gets into the conjunctival sac and produces a caustic effect. Water must never be applied to these cases, but a strong solution of sugar, which will form with the lime an insoluble lime salt ; or a few drops of oil may be placed between the lids.

118.—Myopia—Nearsightedness.

Defect in distant vision is the commonest symptom, and if the short sight be more than a very moderate degree it will be found that the patient holds print nearer than normal to the eye.

Myopia is due to stretching of the globe of the eye, so that the eyeball is longer than normal. It may often be suspected by the prominence of the eye.

Myopia tends to increase, but the increase does not occur as a rule after twenty-five years of age. Any severe illness, and especially congestion of the eyes brought about by excessive strain in near vision, and stooping over books, etc., favours its progress.

City or town residence by the constant self-adaptation of the eyes to short distances, is a powerful predisposing cause. It cannot but make a vast difference in the condition of the eye in the course of years, whether it is daily employed in looking at walls a few feet distant, or as in the country, at mountains and forests, which often are in view miles distant.

TREATMENT.—In the majority of cases no medical treatment is required, but only the choice of suitable glasses. These should not be purchased at random, but under the guidance of a competent ophthalmic surgeon.

119.—Cataract.

DEFINITION.—Opacity of the crystalline lens, or its capsule, causing obscuration or total loss of vision.

Cataract may be present at birth (congenital cataract) or acquired. It may be partial or complete, and it may be stationary or progressive.

SYMPTOMS.—The symptoms produced depend on the density and position of the cataract or the defect of vision caused thereby. A very thin cataract may cause practically no defect of vision.

The opacity comes on in a gradual manner, first affecting one eye, afterwards both, and is often discovered by accident only. Objects appear to the patient as if seen through a mist or gauze, and a flame is observed surrounded by a halo. Vision is less affected in a weak light, such as twilight, or when the patient has his back to the window, under such circumstances the pupil dilates and the light enters at the circumference of the lens. For the same reason *Atropine,* which dilates the pupil, improves vision. The patient may also see better in an oblique than in a straight direction. The patient does not become so blind but that he can distinguish day from night, the position of the window, the shadow of passing objects, and is able to find his way about his own house with little difficulty.

Causes.—The cause of many of the forms of cataract is at present unknown. It is not infrequently found to occur in several members of the same family.

Epitome of Treatment.—

Beneficial results have resulted from the following remedies :—*Bell.*, *Cann.*, *Calc.*, *Sulph.*, *Sil.*, *Coni.*, *Euphr.*, *Phos.*, etc.

Cataract should be extracted when the patient's vision has failed so that he is unable to follow his occupation satisfactorily.

120.—Strabismus—Squinting.

Definition.—A condition in which the axis of one eye is not parallel with that of the other.

If the squint is directed towards the mesial line, it is called convergent ; if outwards, divergent. Concomitant indicates that the two eyes move together in distinction to the one-eyed movement seen in paralytic squint. Inward or convergent squint is the most common.

When a child is born the eyes move independently of each other, and thus new-born children often appear to squint. As they begin to take notice of surrounding objects they develop the power of fusion—the two images which fall on the two retinæ are fused by the "fusion centre" of the brain. If one eye is defective from any cause, or the balance of muscles unequal, binocular vision does not develop and a squint may result.

Causes.—If the fusion faculty be weak, relatively small troubles may cause squint. The most common causes are hypermetropia ("longsightedness"), inequality of the eyes in refraction or muscle control, opacities on the cornea from former inflammation, etc. The disturbance of an acute fever, measles, or whooping-cough, or a fall may determine the onset of squint. High degree of myopia (" shortsight ") causes divergent squint.

If the squinting eye is not used it becomes amblyopic, and after a time fixation may be lost. The vision of this eye may be improved if the patient is treated sufficiently early, by covering up the sound eye.

Epitome of Treatment.—

Bell., Stram., Hyos., Sulph., Gels., Cina., Spig., Phos.

An attempt should be made to correct the deformity and educate the squinting eye by covering the unaffected one for periods during the day. If an error of refraction be present the appropriate correcting glasses are essential. A surgical operation may be necessary.

121.—Amblyopia.

Definition.—Defective vision in which there is no evidence of any ocular condition which might account for the visual defect. The term is not employed where there is any obvious lesion of the eye.

Amblyopia may be congenital ; it may arise from non-use of a squinting eye ; certain toxins such as tobacco, alcohol, quinine, lead poisoning, etc., produce it.

When it is toxic in origin, both eyes are as a rule equally affected, and recovery is usually complete on abandoning the use of the poison, unless it be of long standing.

When it results from disease the treatment is as under Strabismus or Squinting.

122.—Glaucoma.

Definition.—A grave disease characterized by increase in the intra-ocular tension of the eye. Every case that is untreated ends in blindness.

Glaucoma is, of all diseases of the eye, the one about which most mistakes are made.

The condition may be acute or chronic, and is most common between the ages of fifty and seventy, rare before the age of forty-five.

Often a history of worry and grief precede an attack of acute glaucoma. This is probably due to the congestion produced by the emotion.

Symptoms.—Rapidly increasing presbyopia, due to defective accommodation; rainbows seen around lights; patients often complain of flashes of light and of seeing objects as through a fog. In chronic cases these are the only symptoms the patient may experience except advancing failure of vision.

Acute attacks may be primary, or follow on the chronic form. The patient feels ill; there is intense pain in the eye, with redness, and in bad cases swelling of the conjunctiva. Frequently vomiting takes place, which in the inexperienced has led to the mistaken diagnosis of gastric disturbance associated with cold in the eye. The vision fails rapidly, and in bad cases perception of light only may be present within a few hours of the commencement of the attack. The pupil is dilated, the cornea steamy and anæsthetic. If the tension be not relieved the disease goes on to complete blindness, after one or more attacks.

Primary glaucoma in one eye is almost always followed sooner or later by an attack in the other.

TREATMENT.—In acute glaucoma the treatment is an immediate operation if the sight is to be saved.

LEADING INDICATIONS.—

Belladonna.—Excessive Photophobia; *redness of the eyes* and face; threatened Glaucoma, with *Headache*, bright flashes before the eyes, and a sense of weight and pressure in those organs. It is particularly suited to stout, plethoric persons.

China.—Indistinct vision, sudden obscuration of sight, great general debility, and when the disease is associated with *profuse discharges of blood or pus, or prolonged nursing. China* may require the aid of *Bell.* or some other remedy.

Phosphorus.—The pupils and eyes are of a natural appearance, and distinct objects are seen as if enveloped in mist; *black spots before the eyes*, and diminished vision. It is especially indicated when imperfect vision occurs in aged or enfeebled persons; or when self-abuse, etc., have led to it.

Ac.-Phos.—Also useful in the condition last mentioned.

Nux Vomica.—Intermittent obscurity of vision; stupefying Headache; or temporary loss of sight which occasionally accompanies intermittent diseases. This remedy is further indicated where there has been too close confinement within doors, excessive mental labour, Indigestion, or indulgence in stimulants.

Merc.-Cor.—Contraction of the pupil, mistiness of sight, dread of light, *muscæ volitantes*, sensitiveness of the eyes to the glare of the fire, etc. This remedy is especially indicated when imperfect vision arises from organic changes in the tissues of the eye; also when there is tubercular or syphilitic taint.

Gelseminum.—A prominent indication for the use of this remedy is—*desire for light,* thus contrasting with *Bell.*; diplopia, confusion of sight, pain in the orbits. Affections of the sight from over-exertion of the eyes are much relieved by *Gels.*, as are also those arising from over-doses of *Quinine.*

Euphrasia.—Excessive *discharge of tears;* also when the complaint is traceable to Catarrh.

Arnica.—Aching of the eyeballs when reading; Amblyopia from external injuries; and from gastric irritation, with contraction of the pupil.

SUGGESTIONS ON THE PRESERVATION OF THE SIGHT.—In addition to the measures already pointed out, the following remarks on conditions favourable and unfavourable for the exercise of the eyes may be found useful.

1. *Conditions of light favourable to the eyes.*—Daylight, owing to its mildness, uniformity, and steadiness, furnishes the kind and degree of illumination best suited to the function of vision. With the most perfect scientific improvements, artificial light is but an imperfect substitute for the clear light of day, being often too powerful or too feeble, or flickering or wavering; at the same time the air is often injuriously heated, and deteriorated by the combustion of its oxygen. To enjoy daylight to its fullest extent involves an observance of the excellent and healthy habit of *early rising;* which, therefore, on this account, as well as on other considerations, we heartily recommend. Morning light is also especially adapted to persons having a tendency to weakness of vision, as the light is then *increasing.*

If it be necessary that work should be done by artificial light, that kind should be selected which requires least exertion, as writing rather than reading for the student, and sewing lighter and coarser work instead of fine and dark-coloured for the seamstress.

2. *Unfavourable conditions for exerting the eyes.*—The eyes should not be exercised directly after a full meal; when the body is fatigued; late at night, when sleepy; when in a recumbent or stooping posture; when travelling; when dressed in tight clothing—tight cravats, stays; in badly ventilated rooms lighted by gas; during recovery from severe or exhausting disease.

Light must not be too strong, or it is apt to dazzle the eyes, cause a rush of blood to the head, and excite a discharge of tears; on the other hand, a weak light is equally injurious; and if the eyes are used when the light is declining, so that it becomes necessary to hold the book or work nearer in order to see, the sight must inevitably suffer. An unsteady light, as from imperfect gas; or using the eyes when the waves of light are moving about, as under a tree, or when riding, is highly detrimental, as the eyes are severely exercised in continually readjusting themselves. These are some of the conditions in which, if reading or other close exercise of the eyes be persisted in, the sight will suffer. The danger to the sight is very great during *convalescence* from prolonged exhausting disease, when patients are apt to read a great deal; to the weakness of vision is then often added that of a bad posture, such as recumbent, or even artificial light, rendering such a use of the eyes extremely prejudicial. Convalescents should be read to, and the matter should be interesting and amusing.

It should be remembered that the reading of a novel is more hurtful to the sight than that of a scientific book, because it is read faster, and the eyes are more severely exercised. A broad page is also obviously more fatiguing to the eyes than a narrow one. On the eyes becoming dim after too long exertion they should *rest*, and on no account should an attempt be made to persist in reading by increasing the light.

EYE-SHADE.—An eye-shade or eye-protector, of brown or slate-coloured paper, covered with green or grey silk, and secured by a tape or piece of elastic, answers the purpose well for protecting the eyes from gas, etc., indoors. For protection from the rays of the sun out of doors, a wide-brimmed hat answers admirably. An eye-shade should be worn when there is unnatural sensibility to light.

SPECTACLES.—Spectacles of plain blue glass are useful for morbid sensibility of the eyes to light, and may be darker or lighter in shade, according to the amount of protection required; or brown or smoke-coloured glasses may be used if preferred. The latter cut off the rays of light, and consequently render vision somewhat less distinct; while blue glasses, excluding the orange rays only, interfere less with the clear definition of objects. Green glasses protect the eyes from the red rays; but it is the orange rays which are most intolerable to a sensitive retina.

In all measures adopted for the general protection of the eye, good ventilation and a healthy temperature must not be forgotten.

123.—Muscæ Volitantes (*Muscæ Volitantes*)—Spots before the Eyes.

DEFINITION.—An appearance before the vision as of black motes; or of thin grey films, like the wings of a fly; or half-transparent grey threads, like spiders' webs; or if viewed against a white wall, or other clear and near object, they appear as one of a number of small circles with a central aperture. They depend probably upon minute remains of the embryonic tissue in the vitreous humour.

Mouches volantes have no clinical importance. They do not interfere with the acuteness of vision. Those annoyed with them are strongly recommended not to look for them, as in that case others are very apt to become visible.

CAUSES.—The exciting causes of these ocular spectres are chiefly the following: short sight (myopia), excessive use of the eyes, especially in artificial light, or in badly-ventilated rooms; insufficient sleep; certain fevers, as Typhus and Enteric; deranged digestion; Hypochondriasis; morbid sensibility of the general system from business or family cares, or mental distress. A hypochondriacal person having once detected muscæ, takes such frequent notice of them that they become a subject of great anxiety.

TREATMENT.—*Hyos.*, *Bell.*, *Cocc.*, *Con.*, *Merc.-Cor.*, *Zinc.*

ACCESSORY MEANS.—Treatment must be mainly directed to detecting and removing the exciting cause. If the eyes have been overstrained, *rest* is essential; entire or partial relief from ordinary daily duties; daily moderate out-of-door exercise in country or sea air; a regulated, nourishing diet; and bathing of the eyes, with cold water, for two or three minutes, several times daily. If muscæ are very troublesome, blue glasses should be worn to render them less apparent.

124.—Inflammation of the Eyelids—Blepharitis.

It is one of the commonest of eye diseases amongst children, and it is twice as often seen amongst dirty children as amongst clean.

The inflammation may be either acute or chronic in its course. When acute it is usually started by an inflammation of the skin of the lids or of the conjunctiva; thus it is particularly frequent after measles and scarlet fever, which affect both these structures, or after eczema of the skin.

In mild chronic cases blepharitis is usually a sign of irritation caused by an error of refraction, and may necessitate correction by the appropriate glasses.

SYMPTOMS.—The lids look sore, a slight gummy discharge, minute ulcers, with a deposit of crust along the edges of the lids, and dropping out of the hairs, are the chief symptoms. In inveterate cases the hair-bulbs are destroyed. The longer the disease has existed, the more difficult it is to cure.

TREATMENT.—*Aconitum.*—Febrile symptoms, and when the affection has arisen from exposure to cold. *Belladonna.*—Bright redness of the part; dread of light. *Apis.*—Much swelling (*œdema*). *Rhus Tox.* Erysipelatous appearance of the lids; formation of small vesicles. *Hepar Sulph.*—Neglected cases with suppuration. *Conium.*—Chronic.

ACCESSORY TREATMENT.—Remove all scabs by bathing with warm alkaline lotion (five grains of *sodium carbonate* to the ounce of water), two or three times a day. Then apply one of the following ointments: *Calendula* ointment; *Boracic acid* ointment; dilute *nitrate of mercury* ointment; yellow *oxide of mercury* ointment.

Any error of refraction must be corrected.

125.—Hordeolum—Stye on the Eyelid.

DEFINITION.—A small, painful abscess, with slight inflammatory symptoms, projecting from the margin of the eyelids. They tend to recur.

TREATMENT.—*Pulsatilla.*—This is the principal remedy and should be the first administered, alone, or in alternation with *Acon.*—If given very early, *Puls.* often disperses the Stye; one or two drops may also be applied locally. If *Puls.* fails to relieve soon, *Staphisagria* should be given.

Aconitum.—Inflammation, pain, and restlessness.

Sulphur.—A dose morning and night, for a few days to prevent a recurrence of styes.

Calcarea and *Sulphur.*—Are chiefly valuable in frequently recurring Styes, and especially in debilitated patients. They should be administered for a week in succession, as follows:—*Calc.*, morning and night, for a week; then, after waiting two or three days, *Sulph.* in the same manner, repeating the course as often as necessary.

AUXILIARY TREATMENT.—Hot *Boracic* or *Calendula* fomentations. When there is a definite abscess, it should be opened with a lancet, or punctured with a needle, and the matter gently pressed out. If dependent on general debility, hygienic measures are necessary to restore the constitutional vigour. Cod-liver oil is often required.

126.—Entropium (*Entropion*)—Inversion of the Eyelid; and Ectropium (*Ectropion*)—Eversion of the Eyelid.

DEFINITIONS.—*Entropium* is a growing inwards of the eyelid and lashes, so as to occasion great disfigurement, and constant irritation of the globe of the eye, often leading to Chronic Ophthalmia. It is generally caused by old or Granular Ophthalmia, and the employment of caustics, and chiefly occurs amongst the lowest ranks of society, especially the Irish.—*Ectropium* is an *eversion* of the eyelid. It may result from burns on the face, or from scarring from various causes.

TREATMENT.—*Sulph.*, *Merc.*, or *Euphr.* is generally required. Also cod-liver oil. Both conditions generally require surgical treatment.

ACCESSORY MEANS.—Great benefit will result from frequent cold or tepid baths, and the occasional local use of *Calendula* lotion (ten drops of *Calendula* to two tablespoonfuls of water).

CHAPTER VI.

DISEASES OF THE EAR.

127.—Diseases of the External Meatus.

ECZEMA.

ECZEMA appears commonly behind the ears, but also invades the auricle, and not unfrequently extends to the meatus. Not unfrequently there also exists a chronic suppuration from the middle ear, which may be the cause of the eczema. When this extension takes place there is some degree of deafness, in addition to the great smarting and itching which characterize the disorder. The general causes and symptoms are similar to those of Eczema when it occurs in other parts of the body.

TREATMENT.—*Bell.* or *Puls.* for the smooth variety; *Rhus* or *Ver.-Vir.* for the vesicular; *Graph.* for Eczema behind the ears; and *Ars.* or *Sulph.* for chronic cases.

Accessory Treatment.—Keep the ear clean by syringing and careful drying ; dust the part with flour or finely powdered starch to soothe irritability, and to absorb any fluid that may exude. Daily *soft* water baths for the general surface of the skin, the use of small quantities of uncooked vegetables, such as lettuce, watercress, celery, etc., and the correction of any derangements of digestion and assimilation will favour the cure of Eczema, Erysipelas, and other cutaneous affections of the ear, as they do when these diseases affect other portions of the skin.

Hardened Cerumen.

Cerumen, or ear-wax, is composed of oil, stearine, a little coloured matter, scales of epidermis from the lining of the meatus, and other substances. It contains only about 0.1 per cent. of water, and is only very partially soluble. After remaining for some time in the canal, its watery constituent passes off by evaporation, and thus it becomes a hard mass. In advancing age, the cerumen seems to contain less proportion of water than during the earlier periods of life, for it becomes drier and more brittle. The function of the ceruminous glands which secrete the wax seems to be to eliminate a product which will render the canal pliable, and perhaps also prevent the entrance of insects.

An accumulation of wax may be caused by the too zealous attempts of the patient to keep the ear clean, the wax being forced into the narrow deeper part of the canal.

Symptoms.—The chief symptom of impacted wax is deafness, which is often of sudden onset. Impaction of wax causes deafness only when the lumen of the auditory canal becomes completely occluded by the plug. Noises and giddiness are sometimes present. Pain is occasionally complained of, and is usually due to the pressure of the plug upon an inflamed area of skin. Certain reflex symptoms such as coughing and sneezing have been met with.

Diagnosis is best effected with the head mirror and ear speculum.

TREATMENT.—The wax is best removed by a careful use of the syringe, throwing a small jet of water, at the temperature of full blood heat, along the *roof* of the meatus. If the water be too hot or too cold it will cause giddiness. If pain ensue, the syringing should be discontinued. In syringing, the ear should be seized with the thumb and finger of the left hand, and pulled gently upwards and backwards as far as it will go, thus straightening the meatus. A few drops of warm almond oil, or glycerine, or warm solution of soda (ten grains of *soda bicarbonate* to one ounce of water or glycerine) put in the ear at night will soften the wax and facilitate its removal. To ascertain the progress of removal, the ear should be frequently examined with the speculum.

ABSENCE OF WAX.—*Sulph.*, *Graph.*, or *Spong.*, will be found remedial.

FURUNCLE, OR ABSCESS OF THE MEATUS.

This is a very common, painful, and somewhat serious disease, to which some persons seem peculiarly liable. It is often associated with boils in other parts of the skin. The frequent recurrence of abscesses causes thickening of the walls of the meatus and of the drum, and if the tendency to them is not eradicated, some degree of deafness is an invariable result. They are always exquisitely painful, and produce very decided tenderness round the ear. They are liable to recur.

SYMPTOMS.—Acute, throbbing, darting pain in the meatus, great tenderness, tense swelling, temporary partial deafness, consequent on obstruction of the canal.

TREATMENT.—*Belladonna.*—Local redness; headache; flushed face; throbbing. If taken promptly, on the first appearance of inflammation, this remedy will often prevent the formation of the Abscess.

Merc.-Sol.—This is appropriate before suppuration sets in, and may be alternated with *Bell.*

Silicea.—If *Bell.* does not prove arrestive, this medicine will often succeed.

Hepar-Sulphuris.—If the abscess be formed, its suppuration will be facilitated by this remedy, and its extension within the meatus prevented.

Sulphur.—This should be given after the resolution of the abscess to prevent re-formation, and to correct the constitutional diathesis.

ACCESSORY TREATMENT.—A free use of fomentations and poultices as hot as can be borne will relieve the acute pain often experienced, and hasten the formation of matter. The abscess should be opened early, as soon as the throbbing indicates the formation of matter, the tissues are so dense here, and spontaneous rupture is a long and very painful process, and the bone may become carious. When *Bell.* is given internally to mitigate pain, a topical application will be serviceable. A little piece of lint may be moistened with two or three drops of the tincture, and introduced into the ear. Subsequent cold must be averted by avoiding draughts after fomentation, and by insertion of cotton-wool in the ear. The latter is desirable for the absorption of the suppurating matter, but should be frequently changed, lest, by drying, the wool should increase the irritation.

128.—Diseases of the Tympanum.

ACUTE OTITIS MEDIA.

Usually arises in connection with septic conditions of the throat and naso-pharynx. It varies considerably in its severity, and may run a mild or a severe course.

SYMPTOMS.—Pain in the ear, deafness, and a certain degree of fever. In children the symptoms may simulate those of meningitis. The sudden cessation of pain and the appearance of a discharge from the ear indicate perforation of the membrana tympani.

CAUSES.—Naso-pharyngeal catarrh, which extends through the Eustachian tube to the tympanum. In the latter manner the ear becomes implicated in course of the various exanthemata. The disease may also be coincident with affections of the skin, or mucous membrane in other parts of the body; these causes are especially operative in weak and neglected children.

TREATMENT.—Aconite (*early stage of Inflammation*); Belladonna (*congestion; cerebral symptoms*); Pulsatilla (*inflammation following Measles; darting, tearing pains*); Mercurius (*pains extend to the teeth, and are worse in a warm bed; following Small-pox*); Chamomilla (*excessive, almost unbearable pain*); Sulph. (*convalescence*).

ACCESSORY TREATMENT.—Pain may be allayed by repeated instillation into the ear of a few drops of *cocaine* and *carbolic acid* in *glycerine* (five grains of each to a drachm of glycerine). A few drops of *laudanum*, hot *boracic* instillations, or the application of a dry hot sponge may prove soothing. After rupture the meatus must be kept clean. Attention must be paid to any affection of the throat or nose that may be present.

SUPPURATION IN THE MIDDLE EAR.

This is the source of all chronic discharges from the ear which were formerly classed as Otorrhœa. Acute suppuration may pass into the chronic variety, which is characterized by a perforation of the tympanic membrane, a persistent purulent or muco-purulent discharge from the middle ear, and a certain amount of deafness.

There are various serious complications, to which a person who is the subject of chronic discharge from the ear is liable, and measures should be taken to cure it as soon as possible.

TREATMENT.—*Mercurius.*—*Thick,* bloody, and *fœtid discharge,* accompanied by tearing pains in the affected side of the head and face, and *swelling and tenderness of the glands* about the ear. Also when the disease has followed *Small-pox.*

Hepar Sulph.—Discharge of pus and blood; and when the patient has been dosed with *Mercury.*

Capsicum.—An especially valuable remedy. It seems to have a specific relation to the ear, and is often curative, even when the mastoid cells are implicated (*Haughton*).

Pulsatilla.—Discharge of a thin watery character, or purulent, and when it follows *Measles* or *Mumps. K.-Bich.* is indicated by similar conditions.

Ac.-Mur.—A remedy of great value in affections of the ear consequent on *Scarlet* fever; or Eczema, with burning itching.

Arsenicum.—Excoriating discharge, in *feeble* constitutions.

Causticum.—Otorrhœa with eruptions behind the ears and about the nose in tubercular subjects.

Calcarea and Sulphur.—Tedious cases; and *tubercular patients;* the former may be administered morning and night for a week, to be followed, after a couple of days' interval, by the latter.

Ac.-Nit., Iod., Aur., Merc.-Iod., Sil., K-.Hydriod, or *Tellur.*, may also be required in some cases.

Electricity has been successfully employed.

SURGICAL TREATMENT.—Should the disease not speedily yield to remedies, paracentesis of the drum should be performed. When grave brain symptoms accompany evident disease of the mastoid cells, trephining of the process should be early resorted to. No fear need be entertained lest an artificial perforation of the drum may not heal. The difficulty lies in preventing its healing before the disease is cured. In fact, to avoid this difficulty, the operation must at times be often repeated. Even spontaneous ruptures heal rapidly. Only in neglected and chronic cases, where the aperture is large, does it remain open.

Nor, if the inflammation be cured, is a rupture of great detriment to the hearing. In fact, where the membrana tympani is thickened from chronic inflammation, paracentesis often improves the acuteness of hearing very decidedly.

When the discharge is abundant the practice of plugging the ear with cotton, or wool, is a bad one, since it tends to confine the pus, which should have free exit. Keep the parts clean by frequently syringing with antiseptic lotions. Instillation of *peroxide of hydrogen* solution (one in twenty) followed by syringing with boiled water or *boracic* lotion, once, twice, or thrice daily, according to the requirements of the case. Poultices and fomentations are of no service, and are dirty and disgusting. Relief from pain is best given by the local application of *Aconite* and *Morphine.* It should always be warmed before it is used.

General Measures.—The intractable character of this affection is often, in great measure, due to the neglect of that strict cleanliness which is so necessary to be observed. The irritating discharge, if allowed to accumulate within the meatus, undergoes decomposition, and gives rise to changes in the deeper structures of the ear, the nature of which may be inferred from the irritation and excoriation so often existing in the external orifice. A little fine wool, lightly introduced so as not to cork in the discharge, frequently changed, may be put into the ear when the discharge is declining, to protect it, out of doors, in *cold* weather; but even this should be done with great caution, particularly when the discharge smells offensively, for nothing can be more prejudicial than stopping the ear with cotton-wool to prevent its escape. To correct the *fœtor* of the discharge, which is often very great, a weak lotion of *Condy's Fluid,* or better still of *peroxide of hydrogen,* should be injected. All fluids injected into the ear should be warm.

Carbolic Acid lotion is also of great value in Otorrhœa. The following are the proportions in which it may be safely prescribed:—

Carbolic Acid ʒj.
Glycerine ℥j.
Distilled water ℥v. m.

The *improvement of the general health* of the patient is a point of great importance; for this purpose, change of air, and, in the autumnal months, sea-air, is often attended with most beneficial results. In the absence of sea-air, country-air, in a bracing district, is of great advantage. Cod-liver oil is also strongly recommended.

It is a very common and very foolish idea, which has been fostered in the minds of the laity by ignorant or indolent physicians, that it is dangerous to cure a discharge from the ear. It is doubtful whether a single instance of evil results, under wise treatment, can be cited. Of course irritating lotions too often repeated may set up an acute Otitis based upon the chronic condition, but it very rarely happens; but the idea that the ear in these cases serves as a vent-hole for peccant humours is worthy only of the pathology of the dark ages. The continuance of this disease not only makes the patient a filthy and disgusting nuisance to himself and all around him, but it often greatly endangers life itself. True, where any dyscrasia exists the appropriate specific should be used internally, but an ulcer here can be as safely healed as anywhere on the body, and if not healed incurable deafness of a high degree is certain to follow.

129.—Deafness.

VARIETIES AND CAUSES.—

(*a*) *Functional or nervous Deafness.*—This variety depends upon constitutional debility; the same conditions which weaken and relax the general muscular and nervous systems act injuriously upon the ear. Functional Deafness is painless; it is better when the digestive organs are unimpaired, the spirits exuberant, and the weather fine.

(*b*) *From disease.*—Under this head we may mention—organic changes in the brain; obstruction of the internal ear; Ulceration and Perforation of the tympanum; Paralysis of the acoustic nerve; various acute or chronic inflammatory affections, and disease of the throat (*Throat deafness*).

(*c*) *Deaf-dumbness.*—This is due to congenital malformation of the ear, and is irremediable.

Other causes are—the application of cold; sudden loud noises; blows on the head, as boxing a child's ears, or fracture, which lead either to Concussion or Rupture of the auditory nerve; swelling of the lining membrane. Accumulation of hardened ear-wax, exfoliated scarf-skin, or other substances lodged in the ear-passage, may cause deafness by obstruction. The Deafness that results from Catarrh is often but an aggravation of pre-existing Deafness—all the share the Cold has in the production of the disease being that of reducing the hearing power a little further, and so rendering the defect more obvious.

PROGNOSIS.—In forming an opinion as to the chances of recovery, or of amelioration, the following circumstances should be duly taken into account:—age of the patient; hereditary tendency to Deafness, or the association of the malady with any constitutional disease, or with cerebral symptoms, or with the nervous temperament. If a patient comes to us with deafness who has suffered from enlargement of the Tonsils, chronic Catarrh, Rheumatism, Gout, or secondary Syphilis, our hope of a favourable result will be greatly diminished. Deaf persons sometimes state that they can hear well under exceptional circumstances, as in the noise of a railway carriage, a crowded thoroughfare, or amidst the whirl of busy machinery; these and similar sounds, which suspend the hearing of healthy persons, furnish such a degree of abnormal stimulation as to excite the dull nerve to unwonted quickness of hearing. The inference from this unhealthy condition of hearing must be regarded as unfavourable for the prospect of recovery.

TREATMENT.—The cure of Deafness of course depends on the removal of the cause; in many cases this is practicable; in some it is not. In most cases, however, skilful treatment is successful, and it is very rare indeed after a course of homœopathic remedies for a patient not to find his hearing power decidedly and permanently stronger. *Recent* cases are of course most hopeful. But long-standing cases, even when both ears are affected, are generally benefited to a greater or less extent.

EPITOME OF TREATMENT.—

1. *From debility of constitution,* etc.—Phos. (*nervous*); Chin.-Sulph. (*nervous and periodic*); Iod., Ac.-Phos., Cact. (*with Palpitation*); Petrol. 3x, Spong., Ars.

2. *From cold.*—Acon., Puls. (*recent*); Merc., K.-Hydriod. (*chronic*); Dulc. (*from damp*); Bry. (*with Rheumatism*).

3. *After fevers,* etc.—Bell. (*with giddiness*); Puls., China, Sulph., Ac.-Phos.

4. *From suppressed eruption about, or discharge from, the ear.*—Sulph., Hep.-S., Aur.

5. *From enlarged Tonsils,* etc.—Merc.-Iod., K.-Hydriod., Merc.-Cor., Iod.

6. *From Concussion.*—Arn. (*also when deafness is accompanied with a crawling sensation in the ear*).

7. *Noises in the ears* (*Tinnitus aurium*).—Bell., Chin.-Sulph., Nat.-Salicyl. (*with deafness*); Nux V. or Ign.

(*with unnatural sensitiveness to sound*) ; Bapt. *roaring, confusion of mind, dullness of hearing*) ; Gels.

ACCESSORY MEANS.—If Deafness be found to arise from an accumulation of hardened ear-wax, this should be removed by the syringe and warm water. All reputed remedies which have to be dropped into the ear should be eschewed, however much they are recommended. See also " General Hints," following.

GENERAL HINTS ON AFFECTIONS OF THE EAR.

(1) *Wet or damp ears.*—After bathing, care should be taken to dry the head and ears *thoroughly.*

(2) *Boxing the ears.*—Parents, governesses, and others who have the care of children, should be aware of an accident very liable to occur from blows on the head or boxing the ears, namely, rupture of the *membrana tympani,* a membrane which closes the bottom of the meatus, and is stretched something like the parchment of a drum. The accident may be recognized by a sense of shock in the ear, Deafness, and a slight discharge of blood from the orifice ; and if examined by an ear speculum, the rent may be seen. There should be *complete rest* for several days, and a weak *Arnica lotion* used.

(3) *Deafness not stupidity.*—Another point of considerable importance is the case in which a child, from being slightly deaf, has been thought to be stupid or obstinate. " Very sad it is to think how often a child is thus punished for his misfortune, and it may be irremediable injuries inflicted on the mind or temper of this poor victim of unintentional injustice. It is hardly necessary to insist upon the care which is requisite in examining the state of the hearing-power in a child, or

to refer to the fact that children will often say, and doubtless think, that they hear a watch when they do not" (*J. C. Foster*).

(4) *Dilutions of the medicines.*—In all *chronic* affections of this organ, the higher dilutions of the different medicines are generally more efficacious than the lower.

CHAPTER VII.

DISEASES OF THE NOSE.

Foreign Bodies in the Nasal Cavities.

FOREIGN bodies of various descriptions have been met with in the nasal cavities, particularly of children They set up suppuration and give rise to a unilateral discharge, which is often offensive in character.

No attempt should be made to remove a foreign body from the nose by syringing. A fine hook should be passed behind the body and traction made upon it. Care must be taken that the body is not pushed farther into the cavity.

130.—Ozæna.

A condition characterised by atrophy of the nasal mucous membrane and accompanied by a purulent discharge and the formation of crusts having a very offensive odour which is not recognised by the patient.

CAUSES.—Uncured Catarrh ; fevers ; syphilis ; mechanical injury ; foreign bodies in the nostrils ; or it may arise from an unknown cause. General ill-health no doubt predisposes to the disease.

TREATMENT.—The disease, especially if chronic, is not easily cured ; but in most cases it may be greatly benefited.

Aurum.—Pain above the nose ; heat and soreness of the nostrils ; discharge of yellowish-green fœtid pus.

Kali-Bich.—*Thick,* tenacious, sometimes bloody, discharge, in the form of "elastic plugs" (2x dil. sometimes required).

Iodium.—Great fœtor, the Schneiderian membrane undergoing putrid Ulceration.

Mercurius Biniod.—Sanious discharge ; destruction of the septum and bony structure of the nose.

Acid.-Nit.—Syphilitic Ozæna ; and when the patient has been drugged by large doses of *Mercury.*

Arsenicum.—Ichorous, fœtid, and malignant discharge, particularly if the constitution is much shattered.

Sang. and *Ham.* are said to be good remedies.

Zinc.-Met.—The nose swells, and is sore ; loss of smell, dryness, and lachrymation.

Cycl. (*frequent sneezing*) ; Gels. (*watery flow*) ; Phyto. (*mucous flow*) ; Sticta (*dryness*).

ACCESSORY MEASURES.—Perfect cleanliness of the nasal passages is imperative ; the nose may be irrigated by snuffing up a solution of common salt in warm water (a teaspoonful to the pint), several times a day. The fluid passes through the nasal cavities and is then spat out. At least half a pint should be used at a time.

131.—Epistaxis—Bleeding from the Nose.

Although this is ordinarily a trifling affection, it requires some discrimination to decide when to interfere and when to let it alone; for it may be a symptom of the most diverse conditions of the constitution, and due either to local or general cause.

In simple cases, when the discharge is trifling, no treatment is necessary; that suggested as follows is for cases in which the bleeding is excessive, long-continued, oft-recurring, or in which it arises from a debilitated state of the constitution; for then the loss may be serious, and indicate a grave systemic condition.

SYMPTOMS.—Giddiness, weight, or oppression in the forehead often precede the Hæmorrhage. Generally only one nostril bleeds. Sometimes the blood, instead of escaping in front, passes through the posterior nares into the fauces, and thence into the larynx or stomach. In the latter case, without careful investigation, it might be mistaken for Hæmorrhage from the lungs or stomach.

CAUSES.—*Injuries*, as a blow on the nose or some part of the head; *Congestion* of the head, from passion, over-exertion, coughing, etc; ulceration—syphilitic, tuberculous, malignant—Apoplexy, old age, etc. The plethoric seem to be liable to Epistaxis from an excess of blood, the anæmic from an altered condition of this fluid, and the diseased from degenerative changes in the blood-vessels. Sometimes it takes place in women, from absent, scanty, or irregular period (*see Lady's Manual of Homœopathic Treatment*). In the latter instance it is said to be *vicarious* of menstruation. The *predisposing* cause is the extreme vascularity of the Schneiderian membrane—the mucous lining of the nasal cavities: thus, it is well known to be readily susceptible to cold, Syphilis, and other influences. As a consequence of this congestive tendency, the capillaries become distended, and Hæmorrhage may result.

TREATMENT.—*Hamamelis.*—*Venous* Hæmorrhage, where the blood oozes or drops from the lining of the nose; Epistaxis from the Hæmorrhagic diathesis; also when the degenerative changes in the blood-vessels, as in old age, favour the discharge.

Aconitum.—Hæmorrhage from arterial excitement, or from passion. It is especially suited to plethoric persons.

Belladonna.—Cerebral Congestion; Epistaxis preceded by throbbing headache and fulness in the forehead and temples.

Arnica.—From a blow, fall, or physical exertion; *Secale*—during fevers, etc; *Podoph.* or *Puls.*—when the Hæmorrhage is vicarious of the monthly period; *China*, after the bleeding, when it has been excessive.

ACCESSORY MEANS.—The application of cold water or ice to the forehead, neck, or back, raising the arms above the head, and holding them so for a short time, generally arrests the Hæmorrhage promptly. If, in spite of these means, the bleeding continues, a piece of lint should be rolled into the shape of the nostril, saturated with the tincture of *Hamamelis*, and twisted into the bleeding nostril, or into each, if the bleeding comes from both, or a lotion of *Hamamelis* ϕ, twenty drops to four tablespoonfuls of water, may be snuffed up the nostril of the affected side. Before inserting the plugs any clots of blood should be removed. The patient should be placed in the recumbent posture, and the temperature of the room reduced.

Before steps are taken to arrest the bleeding, the interior of the nose should, if possible, be inspected by a surgeon and the bleeding point sought for. As a rule it is readily detected on the septum of the nose just inside the nostril.

As a preliminary to the use of local applications, the nasal cavity should be irrigated with salt solution (tablespoonful of common salt to a pint of water), to remove all clots from the cavity. In many cases this is all that is necessary to stop the bleeding. If the bleeding is not very copious it may be stopped by grasping the nose firmly between the finger and thumb.

Plethoric persons predisposed to Epistaxis, or to Congestions, should lead a temperate life, avoid stimulants, use frequent ablutions of cold water, and take moderate exercise daily in the open air. Immoderate exertion, fatigue, and much stooping are injurious. Delicate persons, of spare habit, are benefited by nourishing food. When bleeding from the nose frequently or periodically recurs, a change of air, and more or less complete change of habits, are generally necessary to overcome the predisposition. But such cases should always be under the care of a professional Homœopath.

132.—Polypus Nasi—Polypus of the Nose.

Nasal polypi spring from and consist of œdematous masses of mucous membrane. They are as a rule multiple, smooth, rounded in outline, of a translucent bluish-grey colour, soft in consistence, and freely moveable. They may be associated with suppuration in one or more of the accessory nasal sinuses, and also in malignant disease. After removal they are apt to return.

SYMPTOMS OF NASAL POLYPI.—A nasal sound in the voice; the patient acquires the habit of keeping his mouth open to facilitate breathing; difficulty of swallowing liquids; the nose is enlarged externally on the affected side, and on looking up the nostril the Polypus may be seen. In consequence of the stuffy symptoms which a Polypus occasions, it may at first be mistaken for a Cold in the head. But on the nose being violently blown, the Polypus descends and appears near the orifice, causing obstruction, contrary to the usual result of such an operation.

TREATMENT.—*Calc.-C., Merc.-Iod., K.-Bich., Phos., Teuc., Thuja, Sang.* (internally, and powder of it externally), and *Opi.* have proved the most successful remedies. Snuffing up salt solution, as described under Ozæna, is of service.

In the choice of one of the above remedies reference should be made to the general constitution of the patient and it should be used locally, in a more concentrated form, as well as internally.

In most cases, it is necessary to remove these growths by surgical means, and several sittings are usually necessary.

133.—Loss or Perversion of the Sense of Smell.

This condition is generally consequent on some other affection, especially chronic Catarrh.

TREATMENT.—When *recent*, and dependent on a catarrhal Cold, or Rheumatism, *Acon.* in a low dilution will be readily curative. We have cured *chronic* cases from similar causes, with *Puls.* or *Merc.*, according to the condition present. *Sulph.* is also valuable in *perverted* smell.

Kali-Bich., *Kali.-iod.*, *Gels.*, *Sepia*, and *Calc.-C.*, are also recommended.

134. –Adenoids.

These are the most common cause of post-nasal obstruction, and are enlargements of the lymphoid tissue normally found in the naso-pharynx.

Adenoids form a soft velvety mass, which projects from the vault of the naso-pharynx, and are frequently associated with enlargement of the tonsils. The patient often suffers from granular pharyngitis, and nasal catarrh. They most commonly occur between the ages of five and fifteen, after which they tend to undergo atrophy. They may, however, persist into adult life.

SYMPTOMS.—The most pronounced symptom in most cases is interference with nasal respiration, so that the patient is compelled to breathe through the mouth. As the respiratory difficulty is increased during sleep the patient snores loudly, and his sleep is frequently broken by sudden night-terrors. Owing to the disturbed sleep, to imperfect oxygenation of the blood, and to frequent attacks of nasal and bronchial catarrh, the child's nutrition is interfered with, and he becomes languid and backward at his lessons. When the adenoids encroach upon the Eustachian tubes the patient suffers from deafness, frequent attacks of ear-ache, and sometimes from suppurative middle ear disease, with a discharge from the ear.

Among the rarer conditions attributed to adenoids, are asthma, inspiratory laryngeal stridor, persistent cough, chorea, and nocturnal enuresis.

Treatment.—When the child can breathe freely through the nose, the use of an elastic band (see Fig. 3), at night, over a period of six months, with appropriate general and medicinal treatment, may be sufficient.

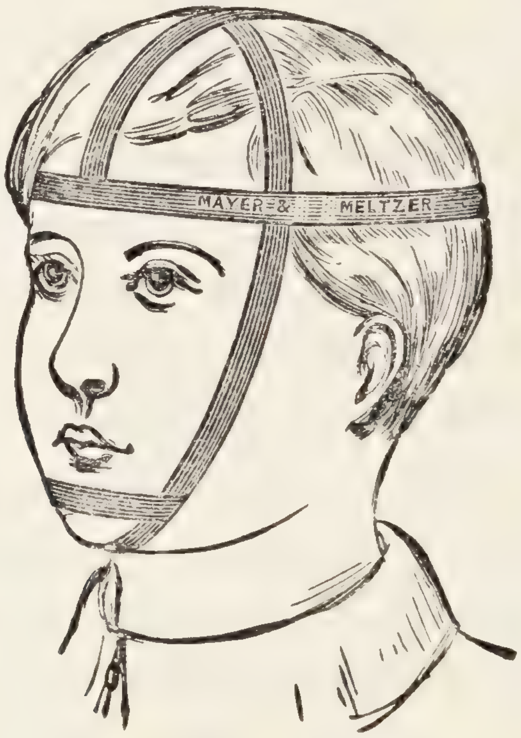

Fig. 3.

The object of the elastic band is to hold the lower jaw up and to close the lips, so that the patient must breathe through the nose. If, however, the nose is so obstructed that insufficient passage is present for nasal respiration, or if the patient complain of ear-ache, the thorough removal of the adenoids by a surgeon is indicated. After the operation the elastic band must be worn for a time until nasal respiration is thoroughly established.

Of drugs that will be found useful are:—*Baryta Carb., Calc.-Carb., Phos., Nat.-Mur., Psorinum, Sulph., Puls.*

The child's general health must also be attended to in respect of good nourishing food, fresh air, and sunlight.

CHAPTER VIII.

DISEASES OF THE DIGESTIVE SYSTEM.

135.—Stomatitis—Inflammation of the Mouth.

SYMPTOMS.—Patches of redness on the lining of the mouth, which are sore, and from which an exudation takes place.

CAUSES.—Exposure of badly-nourished children to cold; gastric derangements; Measles or other eruptive fevers; or the introduction of hot and acrid substances into the mouth.

TREATMENT.—*Kali Chloratum.*—Fœtid breath, great soreness, and Ulceration of the mucous surfaces of the tongue, palate, and cheek. We generally administer the IX trituration. This remedy may also be used as a wash for the mouth; eight grains of the *Chlorate of Potash* to four ounces of water.

Mercurius.—Abundant *salivation;* swelling of glands.

Ac.-Nit. IX.—When concurrent with portal Congestion and the ordinary symptoms of *biliousness.*

China.—To *invigorate* the patient when the Ulcerations are healed.

Tannic Acid Gargle.—If used early the affection is often immediately suppressed by a wash of *Ac.-Tannic* (ʒj. ad aq. ℥viij). The *Sulphurous Acid Spray,* with the administration of *Sulph.* and *Hep.-S.*, has rendered important service.

ACCESSORY MEANS.—The cause should, if possible, be removed, and if stomachic, the diet corrected. As a rule, the patient's diet should be restricted for some time to milk, or milk and soda-water, in equal proportions, which is both nourishing and digestible, and may be taken without adding to the patient's discomforts. Afterwards chocolate or cocoa may be gradually substituted, and continuously used instead of tea for the morning or evening meal. Good animal broths are also generally required as the disease declines.

136.—Thrush (*Aphthæ*)—Frog—Sore Mouth.

Definition.—An inflammatory condition, consisting of numerous minute vesicles terminating in white sloughs on the surface of the mouth, and sometimes extending to the whole of the gastro-intestinal mucous membrane, due to the growth of a minute fungoid organism.

Symptoms.—Small vesicles or white specks appear upon all parts of the lining membrane of the mouth, and are sometimes so connected as to form a continuous covering over the tongue, gums, palate, and in bad cases even extending to the fauces and gullet ; feverishness ; pain on swallowing. The neighbouring glands are sometimes swollen and tender. Extension of the disease to the bowels, dark-coloured eruption, and violent Diarrhœa, may arise in severe cases.

Causes.—A delicate or tubercular constitution ; insufficiency or unhealthy condition of the mother's milk ; or, in infants who are fed by hand, an unsuitable quantity or quality of food ; acid secretion in the mouth ; want of cleanliness ; bad drainage, etc. Thrush sometimes occurs during the course of Measles, Enteric fevers, Consumption, and in the diseases attendant upon old age, and forebodes an early fatal termination, because it is then a sign of enfeebled vital energy.

Treatment.—*Borax* has a specific power over this affection, and will alone cure it if limited to the mouth.

The mouth may also be washed with a weak solution of *Borax* (four grains to one ounce of water), in which three or four drops of Strong Carbolic Acid are mixed, by means of a soft brush. Or *Borax* and *Glycerine* may be used, half a drachm of the former to one ounce of the latter. The infant will swallow sufficient for a dose each time the solution is used.

Mercurius.—Offensive breath, *dribbling saliva*, Diarrhœa, gangrenous Ulcers, etc. If administered when the white specks first appear, it is often alone sufficient.

Arsenicum.—Extension of the eruption to the stomach and bowels ; *dark coloured eruption*, having an offensive odour ; *exhausting Diarrhœa.*

Sulphur may follow *Ars.* or any other remedy that does no further good ; also when Thrush has nearly subsided, to prevent a relapse, and when there are eruptions on the skin.

Bry. or *Nux V.*—Gastric derangements, dryness of the mouth, white or yellow mucus on the tongue.

GENERAL TREATMENT.—Strict cleanliness, good ventilation, abundance of fresh, out-of-door air, and suitable diet. The mouth may be cleansed with cold water on a piece of fine linen rag, and emollient fluids, infusion of linseed, thin solution of borax and honey, etc., are grateful and useful. Vinegar, Carbolic acid, Sulphurous acid, etc., diluted with water, are also recommended as local applications or gargles, to cleanse the affected surfaces. *Sulphurous acid* is best applied by means of the *spray-producer*, in the proportion of one part of acid to ten parts of water ; it should be continued for two or three minutes, and repeated once or twice a day. If the Sore mouth be due to ill-health in the mother, the child should be at once provided with a wet-nurse or weaned. In the latter case, if under three months old, the child should be fed with milk and water, or if more than three months old, some good *Farinaceous Food* may be used in addition.

137.—Offensive Breath.

In perfect health, the odour of the breath is sweet and agreeable ; on the contrary, fœtid breath is usually a concomitant of disordered digestion, Scurvy, malignant Sore throat, etc. ; it is also disagreeable and infectious during the progress of the eruptive, enteric, and pestilential fevers ; but in no disease is it more offensive than in *Gangrene* of the lung ; indeed, that condition may be recognized by this symptom alone. Sometimes offensive breath arises from neglect of cleansing the mouth and teeth after meals. Of late years much attention has been directed to a disease known as Pyorrhœa Alveolaris which consists in suppuration of the gums in and near the sockets of the teeth. This disease, when severe, can cause foul breath, and also the constant swallowing of small quantities of pus may give rise to a variety of symptoms. Gastric, nervous and chronic joint affections have been attributed to this cause, and it is always worth bearing in mind as a possible factor in obscure conditions, although often the septic condition may be rather an effect than a cause. Scrupulous cleanliness of the mouth and teeth naturally tends to prevent it, but special dental and medicinal measures may also be required.

TREATMENT.—*Carbo Veg.*—Putrid odour of the breath from decayed teeth, bad condition of the gums, large doses of *Mercury*, or other causes. A dose thrice daily, for eight or ten days, or as long as may be necessary. *Hep.-S.* or *Ac. Nit.* may follow, especially when

Carbo V. is insufficient, and when the fœtor results from previous mecurial salivation.

Arnica.—When not traceable to any definite cause.

Spigelia.—Offensive breath, perceived only by others, with much white or yellow mucus in the mouth, and throat; the back part of the tongue is painful, and feels swollen.

Mercurius—Fœtid breath from a sore or Aphthous mouth. Pyorrhœa alveolaris.

Nux Vom or *Puls*—From Indigestion

Aur or *Puls.*—In females advancing towards puberty.

Sulphur, morning and night for a week, may follow any of the preceding remedies, and complete the course.

Silicea is excellent for Pyorrhœa and also *Phosphorus*, and a lotion of *Symphytum* ϕ, two drachms to eight ounces of water, is a good application to the gums in these cases.

ACCESSORY MEANS.—General attention should be given to diet, the use of water, pure air, regular out-of-door exercise, bathing, and such other hygienic means as are indicated in the first chapter of this Manual. Animal food should only be eaten in moderation; and the teeth and mouth should be carefully cleansed at least twice a day *Perfumed Carbolic Acid*, diluted with water, makes an excellent wash for the mouth for patients troubled with fœtid breath, but carbolic tooth powders and pastes are best avoided.

138.—Cancrum Oris—Canker of the Mouth.

DEFINITION.—A sloughing or gangrenous Ulcer of the mouth, occasionally occurring in ill-fed, tuberculous children, from two to six years old, especially in low, damp situations.

Symptoms.—The Inflammation generally begins at the edges of the gums opposite the incisors of the lower jaw ; the gums are white, spongy, and separate from the teeth, as if *Mercury* has produced its specific effects. Ulceration begins and extends along the gums until the jaws are implicated ; and as the disease advances, the cheeks and lips swell and form a tense indurated tumefaction. The teeth are apt to fall out ; and the parts taking on a gangrenous condition, the breath becomes intolerably fœtid. There is generally enlargement and tenderness of the submaxillary glands. In severe forms of the disease the destructive process rapidly extends, so that in a few days the lips, cheeks, tonsils, palate, tongue, and even half the face may become gangrenous, the teeth falling from their sockets, a horribly fœtid saliva and fluid flowing from the parts (*Aitken*).

Treatment.—Merc. (*often specific in cases not caused by Mercury*) ; Ac.-Mur. (*Canker associated with severe disease—Measles*, etc.) ; Ac.-Nit. (*from excessive doses of Mercury*); Ars. (*extensive disorganizations, extreme prostration*) ; K.-Chlor.

General Treatment same as prescribed in the previous Section. Strong beef-tea, raw eggs beaten up in milk, and cod-liver oil, are often necessary. Also a lotion of *K.-Chlor.*

139.—Teething.

There are two sets of teeth ; the first—the milk-teeth —appears during the early period of life, and falls out in the seventh or eighth year, to be replaced by the permanent, which is not completed till the commencement of adult life. The order in which the milk-teeth appear is generally as follows :—about the sixth month the two middle incisors of the lower jaw, followed in a few weeks by the corresponding incisors of the upper jaw ; next appear the two outside incisors of the lower jaw, and soon after those of the upper ; after another interval of perhaps about two months, the first four molars, then the eye-teeth, and, lastly, four other molars, completing, by about the second year, the teeth of the first set. Should there be any little deviation from this order, or should dentition be a little prolonged, no great importance need be attached to it.

Dentition being a natural process, should certainly not be regarded as in itself a disease, still less a dangerous one, but simply a natural period of the development of the child's organism. Notwithstanding, in feeble children, the process of teething is a trying one, and in some instances may be even dangerous.

Disorders.—The increased activity and excitement in the vascular system, combined with the nervous irritation which sometimes attends Dentition, may, in delicate children, give rise to a greater or less amount of local or constitutional disturbance. Rickets greatly influence the progress of teething. If this disease sets in previous to the commencement of Dentition, the evolution of the teeth may be almost indefinitely delayed ; or, if some are already cut, further progress is arrested. Rickety children of eighteen months to two years old may often be seen with very few teeth, and those few black and carious. In Tuberculosis and congenital Syphilis, on the other hand, the teeth are cut early, and before the frame is sufficiently consolidated to sustain the necessary changes.

But, as in too early Dentition, the constitution is rarely sufficiently strong to sustain the evolutions it has to undergo ; so in late Dentition there is a languid condition, indicative of a weakly constitution; and in neither case should domestic treatment be confided in.

SYMPTOMS.—Irritation in the mouth, swollen or tender gums, and increased flow of saliva; starting as if in fright, or interrupted sleep; sudden occurrence of febrile symptoms; various eruptions on the head or body; derangement of the digestive organs—Diarrhœa, sickness, or Constipation; and sometimes Spasms and Convulsions. Diarrhœa and other symptoms of Indigestion are most frequent in the summer and autumn, and when, therefore, children are most exposed to sudden changes; disordered Dentition, further, is often coincident with a change of diet from the mother's milk to various articles which are unsuited to the age of the child.

CAUSES.—Weakly constitution; Rachitis. The exciting causes are *irregular* feeding; *excessive* feeding; *improper quality of food;* keeping the head too hot; too little out-of-door air. By such means the stomach is disordered, the nervous system disturbed, and restlessness, crying, Colic, and even Convulsions follow. In nearly every case these causes may be avoided, and the sufferings reduced to a minimum, even in tubercular constitutions.

Local affections of the gums, as inflammation; or disproportion between the jaw and the number and form of the teeth, are also causes of suffering.

EPITOME OF TREATMENT.—

1. *Feverishness,* etc.—Acon., Cham. (*fretfulness; one cheek pale, the other flushed*).

2. *Diarrhœa.*—Cham. (*sudden starts; pinching pains; slimy or yellow, sour-smelling, offensive motions*); Merc. (*green or bloody*); Coloc. (*Colic*); Podoph. (*paroxysms*

of pain, with Prolapsus Ani) ; Bell. (*nervous irritability : flushed cheeks*) ; Calc.-C. *or* Sulph. (*tubercular children*) ; Ars. (*with emaciation*) ; Iris. (*with vomiting*).

3. *Constipation.*—Bry., Nux V., Sulph., Acon., Plumb.

4. *Sleeplessness,* etc.—Coff. (*nervous excitability*) ; Bell. (*flushed face*) ; Gels. (*simple wakefulness*) ; Kreas. (*agitation*).

5. *Convulsions.*—Bell, Cham., etc. See Section on Convulsions.

6. *Irregular Dentition.*—Calc.-C. (*too early or late*) ; Ac.-Phos. (*excessive weakness ; rachitic constitution ;* see also Section 69) ; Sil. (*perspirations about the head*) ; Kreas. (*thin, irritable children ; early dental decay*). Also the use of lime-water.

Chamomilla.—Bilious Diarrhœa, with intestinal irritation, fretfulness, restlessness, disturbed circulation.

Calcarea.—Valuable for tubercular children ; also in cases complicated with slimy or mucous Diarrhœa.

ACCESSORY TREATMENT.—*Regularity in the times of feeding and sleep ;* correction of any habits in the mother which may affect the child unfavourably ; restriction to *suitable quantities* of food at one time. *Keeping the head cool* and the feet warm, washing the child daily in cold water, and allowing it to be much in the open air, tend to prevent determination of blood to the head. *Neave's Farinaceous Food,* prepared according to the directions supplied with it, is a good artificial diet for children. Purgatives are to be strictly avoided. Costiveness in children is generally due to errors in diet ; if obstinate, or if worms are present, injections may be used.

140.—Toothache.

CAUSES.—Decay is the most common *predisposing* cause; sudden changes of temperature, derangements of the digestive organs, pregnancy, and general bad health, are the most frequent *exciting* causes. When the cavity of a tooth has been exposed by caries, the dental pulp is extremely liable to pain from contact with food, liquids, or atmospheric air; and if the health be much impaired, or the central pulp greatly irritated, acute Inflammation, with extreme pain, may result.

NEURALGIC TOOTHACHE occurs in paroxysms, which come and go suddenly (see Section on Neuralgia).

TREATMENT.—If *Kreasote*, *Laudanum*, etc., have been used as local applications, the mouth should be thoroughly cleansed before taking any of the following remedies. After three or four doses of any medicine have been administered without mitigating the symptoms, another should be selected.

EPITOME OF TREATMENT.—

1. *From cold or chill.*—Acon., Bell., Cham., Dulc., Merc., Glon.
2. *From decayed teeth.*—Kreas., Staph., Bell., Merc., Sil., Ant.-C., Phos., Nux V., Acon., Merc. Camph. is said to cure the pain and arrest decay.
3. *From Indigestion.* Bry., Nux. V., Puls., Merc.
4. *Nervous.*—Bell., Cham., Nux V., Coff., Ign., Ars.
5. *Rheumatic.*—Cham., Merc., Cimic., Bry.
6. *In children.*—Acon., Cham., Bell., Sil.
7. *In pregnancy.*—Bell., Nux., Coff., Cham., Sep., Kreas. (6x).
8. *Preventives.*—Ars., Kreas., Merc., Phos., Sil. Euphor.

LEADING INDICATIONS.—

Chamomilla.—Toothache from a draught, or *suppressed perspiration*, and affecting the ear; the teeth feel long and loose; the cheeks and gums are swollen, but the skin is not very red; and the pain aggravated by eating or drinking, especially by warm drinks. It is suited to *children during teething*, with watery, greenish, fœtid diarrhœa.

Belladonna.—Shooting, throbbing pains, affecting several teeth on one side, so that it is impossible to point out the exact tooth; the pains shift about, and are increased by contact of the teeth or by warm or cold applications; determination of blood to the head, *flushed* face, excessive *sensitiveness to external impressions*, swelling of the cheek or glands, dryness of the mouth or throat, inflammation of the dental pulp.

Mercurius.—*Decayed* teeth; violent scraping or lacerating pain in the cheek-bones, or pains aggravated by eating or drinking, and also at night in bed; pains affecting the entire side of the face—extending to the temples, glands, and ears; Toothache with *Salivation* not caused by *Mercury*); *profuse perspirations* in bed, which do not afford relief.

Glonoine.—Pulsation in the teeth, with Headache; Toothache after being overheated and taking cold.

Arsenicum.—Unbearable jerking pains, coming on or ggravated at night. This remedy may be continued or some time after the cessation of pain, to prevent a ecurrence.

Arnica.—Pain consequent on extraction or other ental operations; the mouth should be rinsed with a mixture of one part of the strong tincture to about ten f water.

Hepar Sulphur.—Decay of teeth, and easily bleeding gums, from *Mercury*. *Carbo Veg.* and *Ac.-Nit.* are also useful in similar conditions.

Aconitum.—Acute, stinging pain, or hard aching, relieved temporarily by cold water ; there is throbbing, heat of the face, and sometimes chilliness, but not the mental confusion and sensitiveness to noise, light, etc., which indicate *Bell.* A drop or two of the strong tincture or of the first dilution, applied to the tooth by means of a piece of lint, will sometimes promptly relieve this kind of Toothache.

Administration.—Every fifteen or twenty minutes till the pain is mitigated ; afterwards every four or six hours. *Plantago* φ may be used in the same way, and often gives relief.

The *Sulphurous Acid Spray*, or a plug of lint dipped in the *Acid* and inserted in the tooth, will often give immediate relief.*

The local application of the *galvanic current* often affords speedy relief. A mild current for two or three minutes generally suffices.

The occurrence of any pain or discovery of any decay in the teeth should be a warning to consult a competent dentist at once. With the gradual perfection of the art of dentistry, it is possible to get the utmost value out of teeth originally imperfect and poor, but the sooner the expert can attack the problem the better is likely to be the solution of it. Homœopathic remedies will generally quickly relieve pain, but the attention of the dentist should not, therefore, be neglected.

MEANS OF PRESERVATION.—The function of the teeth is so important, that their preservation is a matter of the highest moment. The first teeth determine the nature of the second set, and persons suffer amentably from early neglect. Proximate decay might e prevented, in five cases out of ten, by simply passing thread between an infant's teeth, twice a week, from he time of their eruption. Professional inspection hould also be sought *before* symptoms of decay present hemselves, and while there is still hope that the lentist may fulfil what should be regarded as his nission, that of saving the teeth. Cleanliness, with espect to the teeth, is all-important for infants and hildren, as well as adults. The teeth should be kept lean by rinsing the mouth with pure cold water, and rushing the teeth with a moderately *soft* brush every norning; and, if possible, after every meal, especially vhen animal food or sweet and sticky food has een taken; and contact with all disorganizing gents avoided. The idea that frequent brushing he teeth is liable to lacerate the gums and separate hem from the teeth is erroneous, for it is one of he best methods of restoring them to a healthy ondition when they are spongy and liable to bleed. ut when a tendency to decay of the teeth or inflamiatory action of the gums exists, a dilute solution of *Iyrrh*, or other dentifrice, should be regularly and ontinuously used. The habit of taking very hot ubstances into the mouth should be avoided, as the xpansive power of heat may rupture the enamel, hich in turn becomes the nucleus of decay. On e other hand, the habit of subjecting the teeth to e opposite extreme of temperature, as by sucking ice, tc, is also to be avoided. Chewing or smoking tobacco nd the habitual use of strong drinks, tend to destroy e teeth. Lastly, as an important means of preerving the teeth, the general health should be mainined in the highest state of integrity, by the use of plain, nourishing food, cold sponging or bathing, and early and regular habits.

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* See *Homœopathic World.* vol. viii. p. 277.

141.—Gum-boil.

DEFINITION.—A small Abscess commencing in the socket of a tooth, and bursting through the gum or even through the cheek.

CAUSES.—Usually, the irritation from a decayed tooth. A cold may excite Inflammation of the dental periosteum, the morbid products of which are thus discharged.

SYMPTOMS.—Pain in a tooth, spreading over a portion of the jaw, with heat, throbbing, swelling, and the formation of an Abscess. This may heal by resolution; or it may burst into the mouth, or even percolate the cheek. The sufferings are sometimes great, worse at night, and incessant till swelling has taken place, when it usually abates. There is frequently some febrile disturbance.

TREATMENT.—*Mercurius.*—Constant aching, much Salivation, swelling of the gum, and throbbing. Persons who are liable to Gum-boils should continue the use of this remedy as a preventive twice a day for *a week or two.*

Aconitum.—In alternation with *Merc.* for *feverishness.* Prescribed early, *Acon.* often checks the disease at the onset.

Belladonna.—Throbbing Headache, flushed face, and *sensitiveness* to noise, light, etc. Two or three doses may suffice.

Phosphorus.—An excellent remedy for Decay of the teeth of the *lower jaw,* and when Gum-boils form therefrom.

Hep.-S.—When the swelling *softens and throbs* (signs hat matter is forming) ; *Sil.* when it has burst. *Silicea* is ntagonistic to *Mercury*, and should not be given after it.

Sulphur.—Gum-boils only partially cured by the bove remedies ; also when they become *chronic.*

Accessory Treatment.—The application of a oasted fig, as hot as can be borne, to the inflamed um, will speedily give relief. If the swelling be very xtensive, and there are signs of the Abscess coming hrough the cheek, a poultice of linseed-meal should be pplied till suppuration is established, and continued or a short time afterwards. Prompt relief may be btained by lancing the swelling as soon as its existence s ascertained, and this should be done. Extraction of e decayed tooth is often necessary.

142.—Glossitis—Inflammation of the Tongue.

Symptoms.—Heat and pain in the tongue, which pidly swells, sometimes to an enormous size, so as o hang out of the mouth ; profuse Salivation ; the atient may even be unable to eat, swallow, or speak ; nd suffocation seems imminent.

Causes.—Infection by bacterial organisms when the ody resistance is lowered by cold or weak health. ounds of the tongue and even slight scratches, may ve an opportunity for infection ; or, more frequently, ercurial salivation.

Treatment.—*Acon.* and *Merc.* in alternation every our, for non-mercurial Glossitis, till relief is obtained. the disease be due to large doses of *Mercury*, *Bell.* ould be alternated with *Hep.-S.* *Ac.-Nit.* and *Carbo* . are also useful. If there be much œdematous elling, *Apis* should be selected.

143.—Ulcer on the Tongue.

Symptoms.—Soreness, slight swelling, and redness of the tongue; small Ulcers form, and discharge pus.

Fissures or Cracks sometimes appear upon the side of the tongue, generally opposite the molar teeth, from Indigestion or the irritation of stumps.

Treatment.—*Mercurius Biniod.* (2x) is generally the best remedy, except for patients who have been overdosed with *Mercury*. In the latter case *Ac.-Nit.*, both internally and as a gargle, should be prescribed. *Ars.* 6 has been found effective. *Hydrastis* is also a valuable remedy; a low dilution may be taken and the strong tincture used as a wash for the mouth (four or five drops to a wine-glass of water). As a local remedy, dilute *Carbolic* or *Nitric Acid* is alone of great service (five drops to half a tumbler of water) for rinsing the mouth several times a day.

144.—Sore Throat.

Definition.—Simple soreness or swelling of the throat, uncomplicated by Ulceration, Quinsy, or Syphilis.

Cause.—Catarrh; the Sore Throat being a simple extension of the catarrhal affection. This disease should not be neglected, as it is apt, in some persons, to degenerate into the troublesome form described in the next Section.

Treatment.—*Belladonna.*—Red throat, feeling as if scraped raw, with pain on swallowing.

Mercurius.—Sensation as of a lump in the throat, worse at night, sometimes accompanied by Salivation.

Aconitum. Dryness, roughness, and heat in the throat, with a choking sensation, Hoarseness and febrile disturbance. If given early, *Acon.* alone will prove rapidly curative in catarrhal Sore throat.

Baryta Carb.—If *Bell.* and *Merc.* are insufficient; and if the inflammation be *confined to the tonsils.*

Dulc.—If from a wetting, or from damp, foggy air.

ACCESSORY MEANS.—Frequent draughts of cold water, and the application of the throat compress. Steaming the throat as directed under *Inhalation* (see Sec. 32) is soothing and often curative, but it should be done at bedtime, when the patient has not again to be exposed to external air. (See also the two following Sections.)

145.—Relaxed Throat; Ulcerated Throat; and Pharyngitis—Clergyman's Sore Throat.

The affections designated by the above names being of a somewhat similar nature, and requiring similar treatment, are included in this Section.

PATHOLOGY.—In the incipient state, there is irritation of the lining membrane of the fauces and pharynx; afterwards as Inflammation progresses, there is more or less redness, difficulty in swallowing, very likely some huskiness of voice. In severer cases the uvula is elongated, and the tonsils are enlarged, and white patches may appear on the tonsils, which are often called ulcers, but are really the openings of the tonsillar follicles filled with a white secretion (Follicular Tonsillitis). Actual ulceration of the tonsil seldom occurs, apart from Diphtheria (*q.v.*), and is found mainly in cases of Syphilis, Tubercle, or malignant diseases Vincent's Angina is a rare disease due to a distinctive organism. Ulceration accompanies it, and may affect tonsil, uvula or palate.

SYMPTOMS.—The patient first complains of an uneasy sensation in the upper part of the throat, with a frequent disposition to swallow, as if something existed there which could thus be removed. If proper treatment be not adopted, the voice soon undergoes a change ; it becomes feeble and hoarse, and sometimes, especially towards the evening, there is complete loss of voice. The patient complains of pain in the larynx, and makes frequent efforts to clear the throat of phlegm by coughing and spitting. On looking into the throat the parts are found to have an unhealthy appearance, being raw and granular, and the mucous follicles filled with a yellowish substance ; a viscid muco-purulent secretion may also be seen adhering to the palate and adjacent parts.

CAUSES.—This condition is probably most often induced by the exercise of the organ of voice when in an inflamed state. The disease may also result from an immoderate or irregular exercise of the voice, or it may follow inflammatory diseases of the bronchial tubes or lungs, by much exercise of the voice before recovery has taken place. It is also occasioned by an unnatural style or tone of reading or speaking, as with preachers and military officers.

EPITOME OF TREATMENT.—

1. *For the incipient and acute stages.*—Acon., Bell., Merc. (Follicular Tonsillitis, Phyto., Lach., Crot.)

2. *For the chronic form.* Bell., Merc.-Iod., Calc.-Phos., K.-Bich., Arg., Nit., Carbo V., Lach., Phyto.

3. *Clergyman's Sore Throat.*—Phyto., Merc.-Iod., Arum., Arn. (*after exercise of the voice*) ; Bell. (*Inflammation of the throat*).

4. *Occasional Remedies.*—Apis. (much *œdema*); Ars. (*emaciated constitution*); Phos. (*tubercular tendency*); Sulph. (*as an intercurrent*); Arum. (*Inflammation of tonsils.*)

LEADING INDICATIONS.—

Belladonna.—Besides the symptoms mentioned in the previous Section, *Bell.* is well adapted to Inflamed throat with bright redness, and *much pain* on swallowing.

Mercurius Iod.—Less pain than for Bell., and chronic cases in tubercular constitutions. See *Merc.-Biniod.*

Calc.-Phos.—In relaxed Sore throat this remedy is often used successfully, after others have been fruitlessly employed.

Kali Bich.—Accumulation of tough, stringy phlegm, requiring considerable effort to eject. Chronic Ulceration.

Argentium Nitricum.—Ulcerated throat of a low type, with fœtid breath and foul mucus, and in cachectic patients. A weak solution of the drug may be used as a gargle.

Carbo Veg.—Similar conditions, with *Hoarseness.*

Lachesis.—Constant irritation in the throat, inducing much hawking, and a choking sensation; there is painful aching, but no deep-seated disorganization, the affection being more of a nervous character.

Hepar Sulph.—In Tubercular constitutions not requiring *Merc.-Iod.* Also when the disease is consequent on the abuse of *Mercury*. *Ac.-Nit.* is also useful in this condition.

Gargle.—To correct the foul breath sometimes exist-ng, a gargle of *Condy's Fluid* should be used. *Ac.-Acet.*

dil cum melle is a useful gargle. Inhalation may often be effectively resorted to.

The mineral waters of Ems are frequently used in Pharyngitis.

ACCESSORY AND PREVENTIVE MEANS.—1st. *Perfect Rest.* The most important is to exercise a sore or an inflamed organ as little as possible. The treatment of an inflamed larynx, like that of an inflamed joint, should include a state of almost complete rest. As a preventive remedy in the case of clergymen, we would strongly urge the general adoption of Monday as a day of out-of-door recreation and cessation from all work, and thus compensate for the great mental and physical expenditure involved in the discharge of the duties of the earnest minister of the gospel on the Sunday.

2nd. *The Throat Compress* (see Section 28).—When this is applied, the patient should retire, and he will generally have the satisfaction of finding his throat-difficulty much relieved in the morning. In more obstinate cases, the compress should be worn in the daytime, re-wetting it as often as necessary. When discontinued, the throat and chest should be bathed with cold water, followed by drying and friction. However often repeated, the compress never relaxes the throat.

3rd. *Cultivation of the Beard.*—The beard and moustache should be permitted to grow, as they afford an excellent protection to the throat, especially in the case of barristers, clergymen, public singers, and others subjected to the undue or irregular exercise of the organ of voice.

146.—Quinsy (*Acute Tonsillitis*).

DEFINITION.—Acute Inflammation of the tonsil or onsils and subjacent mucous membrane, with general ever.

SYMPTOMS.—It comes on quickly, with rapid swelling f one or both tonsils, severe throbbing pain, hoarse-ess, and difficult swallowing and expectoration, ccasioning a painful and almost constant effort to ring up and detach the viscid mucus which adheres o the inflamed surface ; Headache ; pain in the back nd limbs ; foul tongue ; offensive breath ; and general ebrile symptoms. The morbid action generally extends o the *uvula*, which, becoming swollen and elongated ests on the base of the tongue, and gives rise to an un-leasant sense of titillation. If the disease be promptly nd skilfully met, the inflammatory symptoms subside n a few days, leaving the tonsils enlarged ; otherwise, uppuration ensues, indicated by rigors, and throbbing, darting pains in the throat, extending to the ears. When the abscess is fully mature, it ruptures, to the mmediate relief of the patient. Often the Abscess orms on one tonsil, and after its discharge another orms on the other.

CHRONIC ENLARGEMENT OF THE TONSILS.—Repeated ttacks of acute Inflammation, or attacks only partially ured, are followed by chronic enlargement and nduration, causing difficult swallowing, hoarse voice, oisy and laborious breathing, especially during sleep, ffections of the ear, arising from an extension of the disease along the mucous membrane, and extreme iability, from slight causes, to a frequent recurrence f acute Inflammation.

CAUSES.—The *predisposing* are—Tubercular constitution, abuse of *Mercury*, and previous attacks of Quinsy. The *exciting* cause is one of the germs of suppuration, but a sudden atmospheric change, or a chill from getting wet through seems occasionally to be the final factor, lowering the natural resistance and enabling the germ to find a hold. Quinsy is most frequent in plethoric persons, between fourteen and twenty, and for several years is liable to recur unless preventive means are adopted.

DANGERS.—Extension of the Inflammation to the Uvula, soft palate, the salivary glands, pharynx, and particularly to *the root of the tongue*, with difficult breathing, etc. But early and skilful treatment usually prevent such complications.

TREATMENT.—When suppuration has occurred the abscess should be opened ; but prompt treatment sometimes prevents abscess formation.

Aconitum.—Feverishness, headache, dizziness, and restlessness ; stinging, pricking, fulness, or even choking, the throat looked as if scorched.

Belladonna.—Bright redness and rawness of the affected parts ; flushed face, glistening of the eye, Headache, and pain and difficulty in swallowing. *Bell.* may follow, or be alternated with *Acon.*

Mercurius Biniod.—Swollen throat ; copious accumulation of saliva ; swelling of the gums and of the tongue ; shooting pain on swallowing ; a disagreeable taste ; fœtid breath. Ulcers on the side of the mouth ; pains from the throat extending to the ear. Profuse perspiration, and nightly exacerbations, also point to *Merc.-Biniod.*

Baryta Carb.—If given early, before suppuration can supervene, this remedy will often disperse the engorgement. For this purpose it seems to act best in high potencies, 30 and upwards. It is also useful in chronic Tonsillitis.

Hepar Sulph.—When matter has formed. It is especially useful in the Tubercular, in constitutions injured by *Mercury*, and when a liability to the disease has become established. In our experience it is more rapidly curative than any other remedy.

Lachesis.—When the left tonsil is affected, and the mucous membrane of a livid colour.

Lycopodium.—Beginning on the right side.

Arsenicum.—Severe attacks, with much general *prostration.*

Calc.-Phos. and *Iod.* and *Guaiacum* are also useful remedies.

Nux Vomica or *Pulsatilla*, when *gastric* derangements cause, or are associated with, Quinsy.

Administration.—In acute cases, a dose every one or two hours; in sub-acute, every three or four hours; during convalescence, every six or twelve hours.

See also previous two Sections.

ACCESSORY MEANS.—The constant *sucking of ice* during the commencement of an acute attack moderates the heat and pain; it also checks the secretion of mucus, which gives rise to disagreeable and painful efforts to detach. In severe cases ice may be employed in this manner till the disease has abated. (See Sec. 25.) When ice is not procurable, or when it is not admissible, as when it has not been adopted early in the disease, the next most effectual local application is the *steam of hot water*, and equally so whether the object be to bring about resolution or to facilitate the suppurative process. Steaming the throat assiduously acts as a fomentation, and removes the mucus from the crypts and follicles of the tonsils. See Section on "Inhalation."

In some cases a warm milk-and-water gargle frequently used, will be found useful and soothing. Further, in severe attacks, a hot poultice should be applied across the throat, extending nearly to each ear ; in mild attacks the throat compress (see Sec. 28) may be used. The patient should remain indoors, and in bad cases in bed. The air of the patient's apartment should be maintained at a temperature of about 65° or 70°, and be kept *moist* by the evaporation of hot water from shallow dishes near the bed, but proper ventilation should also be preserved.

In *chronic enlargement of the tonsils*, the advisability of operation should be considered if there is any commencement of deafness or obvious obstruction to nasal respiration. Adenoids are virtually always associated with chronic enlarged tonsils. Much can be done to prevent and cure them by breathing exercises, etc., but if the patient shows signs of deafness they should be removed.

Preventive Treatment—Freely bathing the neck, jaws, etc. and gargling the mouth and throat every morning with cold water. After exposure to cold, especially if symptoms of Sore throat come on, the compress should be at once applied.

147.—Gastritis—Inflammation of the Stomach.

Acute Inflammation of the stomach, except as result of poisoning by some irritant, is a rare disease.

Symptoms.—Burning pain increased by pressure ; persistent thirst for cold drinks, with inability to retain either food or drink ; constant nausea, coated tongue ; and foul taste ; dyspnœa ; faintness, prostration, anxiety, etc.

CHRONIC GASTRITIS is indicated by dull pain and oppression soon after a meal, and sometimes vomiting of acid fluid or mucous. The tongue is coated or red at the edges, and the patient often complains of heartburn, flatulence, thirst, burning of the hands or feet, confined bowels, and high-coloured urine depositing lithates, lithic acid, or oxalate of lime. It usually accompanies affections of the liver, heart and kidneys, and is frequent in drunkards.

CAUSES.—Unsuitable diet, especially over-indulgence in tea; cold drinks, when over-heated; mechanical injuries; poisons—arsenic, vegetable acids, caustic alkalies, etc.

EPITOME OF TREATMENT.—

Acon. (*usually sufficient in simple Gastritis*); Ars. (*burning, agonizing distress; unquenchable thirst; wiry, quick pulse*); Ant.-C. (*thickly-coated tongue, nausea, eructations with taste of food*); Arg.-Nit., Merc., Bry., Phos, or Ars. (*chronic cases*). If tea is believed to be the cause, a course of occasional doses of *Thuja* is most beneficial.

ACCESSORY TREATMENT.—In *acute* cases, small pieces of ice may be swallowed, and during the severity of the symptoms the patient should be fed by nutritious enemata. Fomentations to the stomach give much relief. During convalescence the patient must only gradually return to solid kinds of food. On recovery the stomach remains for some time feeble, and without due care is liable to atonic Dyspepsia.

In *chronic* Gastritis, the most important points are—attention to diet and general habits as recommended in the Section on "Dyspepsia." Cold water, the substitution of chocolate or cocoa for tea or coffee for the morning or evening meal, and a spare wholesome diet, are valuable adjuncts to the treatment.

148.—Chronic Ulcer of the Stomach.

This disease is less common than used to be supposed, and on the other hand Duodenal Ulcer is more common. It occurs twice amongst women for once in men, duodenal ulcer more commonly in men than in women, chiefly during adult life, and is more frequent in the poor than in the rich

SYMPTOMS.—They are often not very clear; but there is generally pain, or a severe wearing or burning sensation over the middle of the back, and in the stomach; the latter felt just below the breast-bone, of a dull, sickening character, and worse soon after food. If the Ulcer is on the anterior surface of the stomach, lying on the back relieves the pain; if on the posterior surface, leaning over a chair affords relief; in duodenal ulcer pain is relieved by eating. Sometimes there are violent pulsations accompanying the pain, or Pyrosis (water-brash) or vomiting of food, with relief to the pain. The vomit may contain blood, either easily recognizable, or altered, looking like coffee grounds. The patient loses flesh; the pulse is feeble; the bowels usually constipated; and, in women, the monthly period is deranged. The subjects of this disease are very likely to be anæmic.

DANGERS.—The dangers to be apprehended are—*perforation* when the contents of the stomach escape into the abdominal cavity, setting up *Peritonitis*; *Hæmorrhage,* which occurs in about four per cent. of cases, generally soon after a full meal; and *exhaustion,* consequent on want of nourishment from defective digestion. When Ulcer of the stomach is suspected, the patient should always be under the care of a physician. The dangers of duodenal ulcer are similar, and if either gastric or duodenal ulcer resists treatment an operation should be performed See also Gastrodynia.

TREATMENT.—*Arg.-Nit.*, *Ars.*, *K.-Bich.*, *Kreas.*, *Atrop.* *Titan.*, or *Hydras.*, are the chief remedies. For *Hæmorrhage* see next Section.

ACCESSORY MEANS.—Ice should be repeatedly swallowed in small pieces; it allays the sickness and pain so often experienced; it also checks bleeding when it occurs. The diet should be simple and digestible; milk and soda-water, farinaceous food, arrowroot, and beef-tea. In bad cases, complete rest for the stomach for some time, giving nutriment by enemata, is necessary. Tobacco smoking may be a predisposing factor in duodenal ulcer.

149.—Hæmatemesis—Vomiting of Blood.

SYMPTOMS.—Hæmatemesis is usually preceded by nausea, distress or pain of the stomach, or indigestion, a feeble pulse, pallor, sighing, and other signs of faintness. It is symptomatic of Ulcer of the stomach usually, but there is a condition known as Gastrostaxis, wherein frequent small hæmorrhages occur without any breach of the mucous membrane of obvious size.

The table on p. 488 will enable the reader to determine whether the discharge of blood is from the lungs or stomach.

TREATMENT.—In general as for ulcer of the Stomach.

Aconitum.—Hæmorrhage with flushed face, Palpitation with anguish; also for the premonitory symptoms—shiverings, quick pulse, etc.

Hamamelis.—*Venous* Hæmorrhage, from any organ; also when the *state of the vessels* leads to the Hæmorrhage rather than any change in the normal blood constituents. We have so often used this remedy successfully that we now employ it more frequently than any other for Hæmorrhage.

FROM THE STOMACH.	FROM THE LUNGS.
1.—In Hæmatemesis the blood is usually of *dark* colour.	1.—In Hæmoptysis the blood is often of a *bright-red* colour.
2.—The blood is *vomited.*	2.—The blood is generally *coughed up.*
3.—The blood is often mixed with *food,* and is *not* frothy.	3.—The blood is generally *frothy* and mixed with *sputa.*
4.—Is preceded by nausea and *stomach* distress.	4.—Is often preceded by pain in the *chest* and dyspnœa.
5.—Blood is generally passed *with the evacuations* from the bowels. It appears then as black or tarry looking material, and may require an expert to identify it.	5.—Blood is not found in the *stools* unless some has been swallowed after being coughed up.

Ipecacuanha.—Bright red blood, with paleness of the face; *nausea;* frequent short Cough; salt taste, blood-streaked expectoration. Often used after, or in alternation with, *Acon.*

China.—Debility consequent on Hæmorrhage,—feeble pulse, cold hands or feet, fainting, etc.

Arsenicum.—Difficult breathing, extreme Palpitation, anguish, *burning heat,* thirst, small and quick pulse, etc.

Ferrum.—Spitting or coughing up of blood, with Palpitation, *faintness,* etc.

Arnica.—Hæmorrhage from an *accident,* or severe exertion.

Accessory Measures.—Calmness and judgment should be exercised, or the discharge of blood may cause alarm to the patient and his friends, and unfit them for carrying out the measures necessary for the safety or even life of the sufferer. The patient should immediately lie down on a sofa or mattress, with the head and shoulders elevated: all tight-fitting clothes should be removed or loosened, quiet maintained, and no talking, crowding, noise, or confusion permitted; at the same time the room should be kept cool and airy—at about 55° Fahr. Ice is a most useful agent for arresting Hæmatemesis, and it should be *swallowed* in small, oft-repeated pieces; it then comes in more immediate contact with, and tends to constrict, the bleeding vessels.

It is also important in Hæmorrhage from the stomach that the organ should have perfect *rest.* As long as Hæmorrhage continues, the patient must remain in bed, and take nothing by the mouth except sips of *iced-water :* nourishment should be introduced by the rectum.

Should faintness occur, no alarm need be excited because it is often nature's method of arresting the bleeding. After the Hæmorrhage, the patient must still be kept cool and quiet, and the diet be light and unstimulating, while the posture of the body should be such as to favour the return of blood from the bleeding organs. Should the faintness persist, iced champagne is often an excellent restorative, and is not likely to induce vomiting. With Duodenal Ulcer a large hæmorrhage may pass per rectum. The general treatment is as outlined above.

150.—Dyspepsia*—Indigestion.

PHYSIOLOGY OF DIGESTION.—Animal life has been compared to a fire; for just as fire requires fuel for its consumption, so life requires food for its sustenance. Like fire, too, the processes of life are attended with the production of a certain amount of heat. The body, moreover, is in a condition of perpetual change, consequent on its various functions and the wear and tear of life. This change continues even when a person lies

* See Chapter on Dyspepsia in "Essentials of Diet."

at rest, for the heart continues to beat, respiration goes on, the blood circulates, the brain is in action, and numerous other functions uninterruptedly continue, from which there results a waste which must be repaired. Under ordinary circumstances, however, when both the mind and body are actively employed, the waste of human tissue is much more rapid, and a large amount of new material is required for its reparation. A man weighing from ten to twelve stone loses, in twenty-four hours, three to four pounds of matter in the performance of the various duties of life. Now the matter thus expended is replenished by *Digestion, Respiration,* and *Circulation.* The organs of digestion receive the food and change it into forms in which it can pass into the blood and lymph stream and so be carried to all parts of the body. The material that is unnecessary passes through the bowel and is expelled as the fæces. Another result of the functional activity of the body is, that it is maintained at a certain temperature. If a thermometer be placed under the tongue, the temperature will be found to be 98° Fahr., which is greater than that of the atmosphere; this heightened temperature being the result of the activities of digestion, respiration and the secretory and muscular functions. The function of digestion, then, first repairs the waste of the body; and, secondly, helps to maintain it at a proper temperature.

DEFINITION.—Indigestion is a deviation from the healthy function just described, and is one of the most common affections which the physician has to treat.

SYMPTOMS.—These vary greatly, both in character and in intensity, but there is commonly one or more of the following:—Impaired appetite, flatulence, nausea, and eructations, which often bring up bitter or acid fluids; furred tongue, often flabby, large or indented at the sides; foul taste or breath, heartburn, pain, sensation of weight, and inconvenience or fulness after a meal; irregular action of the bowels, headache, diminished mental energy and alertness, dejection of spirits, palpitation of the heart, or great vessels; and various affections in other organs. Disturbances in remote parts may be due to *reflex action;* or to the effects of distension of the stomach, which, encroaching on the space occupied by the lungs, heart, and other organs, impede their healthy action.

Occasionally, one or two symptoms are so prominent as exclusively to concentrate the patient's attention on them till he regards them as diseases *per se.* *Loss of appetite, flatulence,* etc., are examples of the most commonly prominent symptoms.

LOSS OF APPETITE (*Anorexia*).—The natural requirements of the body might be neglected but for certain sensations—hunger and thirst—which, no doubt, depend upon some peculiar condition of the nerves. The receipt of alarming or startling intelligence often arrests, in an instant, the keenest appetite. Hunger is much influenced by habit, and returns with great regularity when meals are taken at a uniform hour. Many substances which are non-nutritious destroy or lower the susceptibility of the nervous filaments of the stomach, and thus blunt the natural sensations of hunger; such, especially, are tobacco, opium, and ardent spirits. *Too little out-of-doors exercise, irregularity of meals, eating between meals,* and *late hours,* are some of the most frequent causes of dyspepsia.

Loss of appetite during acute disease, or a weakened state of the system should be respected, for thrusting food into the stomach in spite of its dictates will generally give rise to more serious symptoms.

Sometimes instead of loss of appetite there is *voracious* or *depraved* appetite ; these symptoms are usually associated with Chlorosis, nervous irritation from worms, etc. ; they can only be removed by correcting the condition on which they depend.

FLATULENCE.—This is frequently a prominent and persistent symptom, and is caused by defective nerve-force, or general debility ; food may be detained in the stomach and undergo fermentation, owing to imperfection or arrest of the chemical processes characteristic of health. At other times flatulence is apparently generated by the mucous membrane of the intestinal canal ; for the symptoms are very apt to arise in dyspeptic persons when a meal is delayed beyond the accustomed hour, or when the stomach is empty. Flatulence is often associated with faintness, nausea, palpitation, and other disagreeable sensations.

HEARTBURN (*Cardialgia*).—An acrid or scalding sensation, commencing in the stomach and rising up the throat to the mouth, generally from excess of animal food ; it is especially liable to occur in gouty constitutions. *Hiccough* (*singultus*) is a common accompaniment of Heartburn, and consists of brief Spasms of the diaphragm. In infants it is easily removed by administering a small quantity of milk or water.

NIGHTMARE (*Incubus*).—In this condition the patient experiences confused and frightful dreams, with a sense of weight or pressure impeding breathing and producing great anguish ; or he fancies himself in danger or difficulty, from which he vainly tries to extricate himself, until at length he succeeds in uttering a cry, or moving, when the distressing condition terminates. It is *caused* by disorder of the digestive organs, and most frequently follows a late, especially a heavy supper. It may also be induced by fatigue, or an uneasy posture in bed, or in children by enlarged tonsils (see Section on "Quinsy"); sometimes the cause is very obscure, and requires professional examination and treatment.

CAUSES OF INDIGESTION.—Irregularities in diet, such as indulgence in the luxuries of the table, partaking of rich, highly-seasoned, heavy, fat, sour, or bad food; *eating too quickly*; *imperfect mastication of food*; *eating too frequently*, or, on the other hand, too long abstinence from food; the use of warm and relaxing drinks, tea (especially green tea), coffee, tobacco, wine, and alcoholic beverages; too little out-of-door exercise; excessive bodily or mental exertion; late hours; exposure to cold and damp, etc. Bad teeth and suppuration of the gums. Business and family anxieties are frequent causes of Dyspepsia, and their operation is very general and extended, implicating not only the mucous coats of the stomach, but the liver, the bowels, and often the whole nervous system. "The battle of life" is too often fought, not only with much wear and tear, but with almost overwhelming anxieties and disappointments; and the digestive organs are often the first to suffer from depression of the mind. In this respect, the cause is often put for the effect, the common remark being that depression of spirits accompanies Indigestion; but it is more true to say that Indigestion accompanies depressed spirits. When the mind is depressed by disappointment or anxiety, there is a corresponding depression of the nervous energies, and so the stomach, in common with other organs, loses vital energy.

Hence, in the *treatment* of Dyspepsia, the use of medicines and the observance of hgyienic rules and habits must ever go hand in hand ; for the former, however correctly prescribed, will alone be unavailing.

EPITOME OF TREATMENT.—

1. *Acute Dyspepsia.*—Nux V., Bism. (*severe pain towards night ; Spasm*) ; Puls. (*from rich or fatty food*) ; Iris (*vomiting and Diarrhœa with Headache*) ; Ars., Coloc. (*from sour fruits or vegetables*) ; Bry.

2. *Chronic.*—Nux V., Puls., Hep.-S., Bry., Carbo V., Calc.-C., Sulph., Lyc., Ant.-C., K.-Bich., Merc., Arn., Thuja.

3. *From mental causes.*—Nux V. (*business anxiety*) ; Ign. (*grief*) ; Acon., China, or Nux V. (*night-watching*), etc.

4. *Debilitating losses.—Diarrhœa, Hæmorrhage, Suppuration,* etc.—China, Ac.-Phos., Phos., Ferrum.

5. *From cold.*—Acon., Art.-Merc.

6. *Special Symptoms.—Loss of Appetite.*—Calc.-C., Ferr., or China ; *Depraved appetite*—China or Cin ; *Flatulence*—Lyc. (*with Constipation*) ; Carbo V. (*with Diarrhœa*) ; *Heartburn*—Puls., Caps., or Nux V. ; *Hiccough*—Nux V., Caul., Gels., Ars., Ac.-Sulph^{s}. (*with Acidity*) ; *Water-brash*—Bry., Lyc., Nux. V. ; *Chronic Acidity*—Calc.-C., Rob., Ac.-Sulph^{s}., Phos. ; *Nightmare*—Nux V. (*from Indigestion or abuse of spirits*), China (*with oppression*), Sulph. (*with Palpitation*).

LEADING INDICATIONS.—

Nux Vomica.—Pain, tenderness, and fulness of the stomach after meals ; Heartburn ; sour acid risings ; flatulence ; frequent vomiting of food and bile ; sour or bitter taste ; the *head is confused, aches early in the morning,* the patient feels indolent and sleepy after a meal, and unfitted for any exertion ; there are a sallow, yellowish complexion, and an *irregular action of the bowels*, with ineffectual urging. *Nux Vom.* is particularly indicated in persons of dark bilious complexions, who employ their brains too much, but take too little open-air exercise, eat largely, and drink alcoholic liquors. A tendency to Piles is a further indication for *Nux V.* and also for *Sulph.*, which may advantageously precede it.

Pulsatilla.—Indigestion from fatty food or pastry, with much secretion of mucus; *Heartburn;* acid, bitter, or putrid taste; frequent *loose evacuations.* It is especially suited to females with irregular menses, and to persons of a mild disposition.

Bryonia.—Pressure or weight, as of a stone, after food; frequent *bitter or acid eructations;* nausea or bilious vomiting; *stitch-like pain,* from the stomach to the blade bones; painful soreness at the pit of the stomach on coughing or taking a deep breath; Constipation; severe headache, worse after movement; obstinate, irritable disposition.

Lycopodium.—Atonic Dyspepsia of weakly patients, delayed digestion from deficient glandular secretion and muscular energy; too little nervous force to spare for digestion, so that during its progress an irresistible drowsiness comes on, and the sleeper awakes exhausted; also when, from like causes, flatulence collects in abundance, and the bowels are utterly torpid (*Hughes*).

Antimonium Crudum.—Aversion to food, or loss of appetite; thickly coated tongue; sensation as if the stomach were overloaded; *eructations,* tasting of the food; nausea, or vomiting of mucus and bile; escape of flatulence, with an early reproduction of the symptoms; alternate Diarrhœa and constipation; *pimply eruptions* on the face, or sores on the lips or nostrils.

Hepar Sulphuris.—Chronic Indigestion; nearly all kinds of food disagree; craving for stimulants; also if *Mercury* has been too freely prescribed.

Sulphur.—Cases of long standing, when only partial relief has followed the use of other remedies; and as an intercurrent remedy. It is particularly required in *tubercular constitutions*, and for indigestion associated with or following acute or chronic *eruptions, Piles, Constipation,* irritability, glandular swellings, affection of the eyes, or other tubercular disorders.

Carbo Veg.—Chronic indigestion, with *flatulence,* heartburn, headache, debility, etc. Very useful in the aged.

Calc.-Carb.—Defective digestion and assimilation, with *obstinate acrid eructations,* relaxed bowels; sensitiveness to cold and damp; fatigue after slight exertion; Cough; gradual emaciation; and, in females, too frequent and profuse menstruation. Follow *Puls.* well in chronic cases.

Thuja for excessive tea drinkers, and *Kali-Bich.* for beer drinkers should be remembered.

ACCESSORY MEASURES.—The following points in the treatment and prevention of indigestion should, as far as possible, be adopted.

1st. *Mastication.*—The reduction of food to a state of minute division in the mouth is a most essential step towards easy and perfect digestion. Digestion really means solution; and as solid substances, intended by the chemists for solution, are first reduced in the laboratory by the pestle and mortar, so must the teeth perform a precisely similar process with the food. Not a particle capable of being further reduced by the teeth should be admitted into the stomach, as the work of the former can never be fully performed by the latter. A stomach, especially a weak stomach, acts tardily and imperfectly upon food introduced in an incomplete state of comminution. Further, food requires to be well masticated, that it may be duly *mixed with saliva.* In front of the ear we have the parotid gland; beneath the jaw, at the sides, the submaxillary; and under the chin, the sublingual; all these secrete saliva, which pours into the mouth through minute openings during mastication. This salivary secretion is not only intended to moisten and lubricate the food, but is a most essential chemical aid in digestion such as no other liquid can supply. The action of the saliva is especially necessary for the digestion of vegetable food; for it is only by means of this fluid that such articles of diet as potatoes, bread, rice, etc., are rendered at all capable of absorption. We therefore warn the busy, the studious, the solitary, or, on the other hand, those persons who talk too much during meal-time, of the danger of neglecting the perfect mastication of their food. *The loss of teeth* is a frequent cause of Indigestion, but now, happily, generally remediable; for when the natural teeth are lost, the skill of the dentist supplies us with useful substitutes. The condition of the teeth is also of great importance. The septic state of the gums, which is known as pyorrhœa alveolaris, is very common, and means the absorption of poisonous substances which may give rise not only to dyspepsia, but also sometimes, to arthritis, and other affections. Therefore, scrupulous cleanliness of the mouth and teeth is essential to health.

2nd. *Overloading the stomach.*—Too large a quantity of food interferes with digestion in two ways. (1) By so distending the stomach as to interfere with those movements which it undergoes during the process, and impairing its subsequent necessary contraction. (2) The secretion of gastric fluid is probably of a uniform quantity; therefore an inordinate amount of food would fail to be duly saturated with this indispensable fluid. The normal limits of the stomach are always exceeded when food has been taken in such a quantity as to produce an uneasy sense of distension. After a long abstinence from food, as in the case of persons who dine late and take too little lunch, there is great danger of eating too much, unless the meal be taken slowly, or finished before the sensations of hunger are completely appeased. The same danger is like to arise from too many dishes, or too stimulating articles of food; a morbid craving is thus excited long after the natural appetite would have been satisfied.

3rd. *Suitable Food.*—As a rule, animal food is easier of digestion than vegetable, and it is well known that a weak stomach is much more liable to flatulence, and other symptoms of indigestion, after vegetable food than after animal. Indeed, the teeth of man partake of an intermediate character, as he is no doubt intended to subsist both on animal and vegetable food; so that a due admixture of both is probably more easily digested than a more or less exclusive use of either. It is important to remember that *starch* is not a nitrogenous or flesh-forming substance. Food, therefore, the chief constituent of which is starch, as potatoes, rice, sago, etc., should be eaten only as *additions* to food containing a large amount of nitrogenous materials. As Dr. Chambers tersely remarks, " to make a person *omnivorous* you must first make him *carnivorous*." Further, it is especially necessary that the dyspeptic should select *tender* and perfectly fresh animal food, and have it *cooked* so as to retain all its natural juices. Hard, dried, cured meats—ham, tongue, sausages, and the like—are especially to be avoided. In the same category we may place veal, pork, twice-cooked meats, salmon, lobsters, crabs, cheese, new-baked bread, coffee, and all other substances known to disagree with the patient. The last remark is important; for if pain or discomfort follow any kind of food or drink, it should be regarded as a warning to avoid it afterwards.

4th. *Beverages.*—As a general rule, patients who suffer from indigestion are better without malt liquors, wines, or spirits; a high standard of health being often best maintained altogether apart from the use of alcohol. Perhaps certain patients suffering from acute Indigestion, or others in whom the powers of life are much enfeebled, may be benefited by a *moderate* and *temporary* use of stimulants. But if the use of these liquors be followed by excitement, flushing of the face, or any other inconvenience, they should at once be given up. Even when their use is at first attended by apparent benefit, *they should be discontinued when the circumstances which required them no longer exist;* for in our practice we have found that the most severe and obstinate forms of Indigestion occur as the result of the excessive use of alcoholic beverages. In addition to cocoa (*from the nibs* or *shells*),* or tea, for the morning and evening meals the moderate use of *pure water* is almost the only fluid required. This liquid, so often despised, and even regarded by many as prejudicial, is one of the most potent means for preventing or curing Dyspepsia. Water, however, should only be taken in moderation. Two or three glasses a day is enough for most persons. It is best to avoid drinking cold water at meals, except very sparingly ; not, as is generally supposed, because it dilutes the salivary or the gastric secretion, but because it reduces the temperature of the stomach and checks its action. A glass of hot water an hour before meals is often valuable. No fluid should then be taken with the food subsequently.

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* "To produce from cocoa-nibs one of the most wholesome and nutritious of beverages, the following method is recommended:—For two persons take a small teacup full of the best nibs, and soak in one quart of water over night; next morning boil briskly for two hours, then strain off, and use directly, with boiling milk. I strongly recommend it not to be re-warmed, as it loses its flavour, just as tea does when warmed up again. The writer has used the cocoa-nibs for upwards of fifteen years, and she finds the best way of boiling is in a

5th. *Disposition in which to eat.*—A cheerful and tranquil frame of mind, especially during meals, is a most essential point in the treatment and cure of Indigestion. Cheerful conversation and ease of mind favour digestion by increasing the secretion of gastric juice. The aliment received under pleasurable circumstances may be expected to furnish in abundance, and in the highest state of perfection, the secretions necessary for good digestion.

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block-tin three-pint wine muller, over a small gas stove ; or, better still, the new French milk saucepan, which consists of white ware fitted into an outside tin casing. The cocoa-nibs already soaked, as perviously directied, should be put with a proper quantity of water into the white ware, the outside vessel being also filled with water, and boiled for two hours. The stewing process so generally adopted imparts to the beverage a flat, disagreeable, and woody taste.—*Homœopathic World.*

[I have found many persons who are unable to take nib-cocoa, and are yet able to take cocoa made from the shells. The shells are the husks which contain the nibs, and are free from cocoa-butter. The directions for making are as follows :—Take six tablespoonfuls of the shells and put in a quart of boiling water. Boil gently for six hours. Add water from time to time to keep the quantity to a quart. The cocoa may be made hot any time, and may be taken with hot milk like coffee, or with cold milk like tea. Cream may also be added.—ED.]

6th. *General Habits.*—Mental or bodily occupations should not be resumed immediately after a full meal nor should food be taken without a few minutes' pause after exhaustive fatigue. Violent muscular exertions arrest digestion by engaging the nervous energies in other directions. The weary man, whether weary from the sweat of the brow or the sweat of the brain, should rest before he eats; and if the cause of fatigue has been in operation till the time of rest approaches, solid food might then be productive of the most serious results. Under such circumstances, if nourishment be deemed necessary, it should be limited in quantity, and of the lightest kind, as a cup of beef-tea, cocoa, or chocolate, or the yolk of an egg well beaten up with milk We particularly recommend the *General Plan of Dietary* sketched in the introductory chapter for general adoption. *Regularity* in the habits of life, such as in taking food, sleep, exercise, etc., is an important condition in the prevention of Dyspepsia. Feather beds, and too much sleep, should be avoided; the patient should retire and rise early, bathe or sponge the body every morning with cold water, and take moderate open-air exercise daily. An occasional *change of air* and scenery exercises a wonderful influence in removing or preventing an attack of Indigestion, divesting the mind of its ordinary train of thought, business and family anxieties, or gloomy pondering over personal ailments. See also Chronic Intestinal Toxæmia.

151.—Gastrodynia (*Gastrodynia*)—Pain or Spasms in the Stomach.

Pain in the stomach may be spasmodic or neuralgic. The latter has already been treated of in Section on "Neuralgia."

SYMPTOMS.—Severe pinching, gnawing, or contractive pains in the stomach, generally occurring after taking food.

CAUSES.—Highly-seasoned or indigestible food; stimulants, coffee, and tobacco; long fasting, exposure to cold or damp, etc. Gastrodynia is usually but a symptom of Indigestion.

TREATMENT.—Nux V. (*severe spasm*); Bry. (*in rheumatic patients*); Arn. (*soreness*); Bism. (*dull, pressing pain, with frontal headache*); Ferr. (*Anæmia or Chlorosis*); Ars. (*pain and vomiting of food; periodic*).

ACCESSORY TREATMENT.—In severe cases two or three folds of flannel, wrung out of hot water, and applied as hot as can be borne; in mild cases, warmed dry flannels. Attention to the "Accessory Measures" suggested in the previous Section is often alone sufficient to cure Gastrodynia. There is a form of pain in the stomach associated with excess of secretion of Hydrochloric acid (Hyperchlorhydria), which is often relieved by taking food. This condition indicates usually either *Chelidonium* or *Anacardium* or *Nux Vomica* and *Robinia* are often useful. But pain relieved by eating is also a symptom of Duodenal Ulcer (ulceration of the first part of the Intestine), and if the symptom persists, expert advice should be sought as Duodenal ulcer is a serious condition, and one not always easy to diagnose. When it is present remedies like *Arsen.*, *Arg.-Nit.* and *Uran.-Nit.* are often successful in causing it to heal, but the aid of surgery has sometimes to be invoked.

152.—Vertigo (*Giddiness*).

In a mild form, Giddiness is generally the result of Dyspepsia or nervous exhaustion. When Vertigo is severe and recurs, it often points to disease of the brain, heart, or kidneys. Vertigo generally exists in structural changes of the brain.

EPITOME OF TREATMENT.—

Nux V., Puls., Bry. (*from indigestion*). See Sec. 147.

Bell., Gels. Glon., Cocc. (*from congestion*). See Sec. 91.

Phos., Ac.-Phos., China, Zinc. (*from brain-fag*).

153.—Bilious Headache.

The Headache of Indigestion is commonly termed *bilious*. It arises in connection with the stomach derangement or some excess, and is generally accompanied by foul tongue and breath, pain in the stomach, nausea, deranged bowels, etc. It is necessary to discriminate between this and Headache of a different nature, and arising from other causes, as *nervous* Headache, from exhaustion consequent on Hæmorrhage, prolonged lactation, Hysteria, etc.; or *toxæmic*, as in Enteric fever, Scarlet fever, etc.; or *organic*, from cerebral disease.

EPITOME OF TREATMENT.—

Iris (*copious bilious vomiting*); Cham. (*in females, from cold or worry*); Nux V. (*with constipation*); Bry. (*vomiting of bitter fluids*); Acon. (*from Catarrh*); Nux Mosch. (*Constant, with salty taste*); Ipec., Puls., Ant.-C., Merc., Sepia, Sanguin.

154.—Pyrosis (*Pyrosis*)—Water-brash.

SYMPTOMS.—Eructations of an acid or tasteless watery fluid, sometimes in considerable quantities.

It seems to arise from closure of the œsophagus by muscular Spasm, so that the trickling saliva is prevented from passing into the stomach, and ascends into the mouth without any effort. It is often accompanied with pain, and is sometimes a symptom of organic disease of the stomach or liver, but is commonly due to chronic Gastric Catarrh.

When arising from Indigestion it is sometimes due to the too exclusive use of a vegetable diet, or to other indigestible food ; it is of common occurrence amongst the poorly-fed.

TREATMENT.—*Carbo V.*—Acid or acrid eructations with flatulence, and, usually, Constipation, sometimes Diarrhœa. *Lyc.*, in chronic cases ; *Nux V.*, *Ac.-Sulph.*, *Bry.*, *Puls.*, *Ac.-Acet.* are also recommended.

In obstinate cases of this disease the most brilliant results often follow Krukenberg's prescription :—"when the patient is hungry, let him eat buttermilk, and when he is thirsty, let him drink buttermilk." Fresh milk is not so well borne, as it curdles in the stomach.

155.—Vomiting - Sickness.

CAUSES.—Improper food or too large a quantity ; a disordered condition of the digestive functions ; pregnancy ;* disease or irritation in other organs, as the brain, kidney, uterus, etc. ; cancer or ulcer of the stomach ; mechanical obstruction of any part of the intestinal canal ; morbid states of the blood ; it also occurs in most of the eruptive fevers.

PROGNOSIS.—Nausea and vomiting occurring in diseases of the brain, as in Epilepsy, are unfavourable indications; on the contrary, in pregnancy or Hysteria, no alarm need be felt, as they are merely symptomatic of irritation conveyed by the nervous system of the stomach. We may learn much by observing the time of the occurrence of vomiting, the nature of the matters ejected, and the extent and urgency of the symptoms. If vomiting afford relief, and the nausea, oppression of the chest and stomach, and Headache cease, the case may be considered favourable; if, on the other hand the symptoms preceding vomiting are not relieved by it, but increase, the disease must be regarded as having taken an alarming form.

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* For the treatment of "Morning Sickness" in pregnancy, see the "Lady's Homœopathic Manual"

TREATMENT.—Should vomiting arise from over-repletion, or from indigestible food, it may be regarded as a conservative effort, and should be encouraged, within proper limits, by drinking warm water, or tickling the throat with a feather until the offending material is expelled. If sympathetic of organic disease, the treatment should be directed to the primary cause, while temporary relief from the vomiting may be obtained by the use of one of the following remedies. Under other circumstances, a remedy may be selected according to the causes of the vomiting, and the symptoms which exist.

Ipecacuanha.—Simple copious vomiting, with persistent nausea; greenish or blackish and mucous vomit; Diarrhœa.

Kreasotum. Chronic *persistent* vomiting. When the affection does not depend on simple Indigestion, *Kreas.* is the best remedy; also for *persistent retching*, without vomiting.

Secale.—Chronic vomiting or sour mucus, with offensive eructations.

Phosphorus.—Food retained cold, but vomited as soon as it becomes warm.

Arsenicum.—Vomiting, purging, great prostration, with a *burning sensation* in the stomach and throat and cold hands and feet. When caused by cancer or other malignant disease of the stomach, this remedy often relieves.

Zincum.—The food is *suddenly ejected,* without retching ; and the patient becomes emaciated.

Ant.-Crud.—Nausea, heaviness of the stomach, foul white tongue, and dislike to food, which continue unabated after free vomiting.

Iris.—Bilious attack. Often an effectual remedy.

ACCESSORY MEANS.—Small pieces of ice placed on the tongue are very grateful, and tend to allay the sickness. The diet should be simple, nourishing, and non-irritating. Beef-tea is, probably, most suitable, and may be given every one to three hours, in small quantities, till other food can be borne. In many cases soda-water and milk, in equal proportions, given in small quantities, freshly mixed, can be retained and digested. The stomach will often retain bland liquid diet when it would reject any other.

156.—Dilatation of the Stomach.

In some cases of chronic gastritis and dyspepsia the capacity of the stomach becomes permanently increased. The muscular tone is lost and a condition of more or less permanent discomfort sets in. The prime cause of it is generally some obstruction at the pyloric opening, which prevents the food passing into the intestine as it should. The obstruction may be due to cancerous growth or to spasm, or to contraction of a scar after the healing of an ulcer. The symptoms come on gradually ; there is, as a rule, a good deal of vomiting of a sour fluid, and constipation is generally marked. When the abdomen is manipulated splashing may be heard.

TREATMENT.—Lavage or washing out of the stomach is very often useful. A soft rubber tube is passed and used as a siphon. The washing out fluid should be tepid water, with a little Bi-carbonate of Soda, and the patient can learn to perform the operation himself, once or twice daily at first, and less often as improvement sets in.

The diet should contain little starch or sugar, and little fluid should be taken at meal times. The more easily digestible the food the better. Of drugs those most likely to be useful are *Nux Vom.*, *Kreasote*, *Sepia*, and *Carbo Veg.* or *Carbo Amm.* Operation may be considered in severe cases.

157.—Sea-Sickness.

This affection, though very distressing, is not serious; it is caused by the motion of the vessel. The retching and vomiting frequently recur, with intervals of extreme physical prostration, a sinking sensation at the pit of the stomach, Vertigo, Headache, etc. The symptoms, especially the Vertigo, are most severe in the upright posture, and are at once relieved by a strictly horizontal one.

Persons of delicate and sensitive organization, with weak heart, quick pulse, and tendency to Palpitation, are most liable to be affected, and are sometimes subject to similar derangement from the oscillations of a carriage or swing.

TREATMENT.—*Petrol.*, *Cocc.*, and *Nux V.* are the best preventives; and *Kreas.*, *Tabac.*, or *Petrol.*, during the sickness. *Petrol*, should be taken on going on board; a drop or two on a small piece of sugar, or repeated every two or three hours. From personal experience in two voyages across the Atlantic, we recommend this and *Tabac.* as the best remedies for sea-sickness. *Nux-V.*—For Indigestion with Constipation during a sea voyage we found this remedy of great value, and administered it in many cases with marked good results. *Ver.-Alb.*, *Podoph.*, and Rubini's *Camphor* have also been recommended.

ACCESSORY MEANS.—The *horizontal posture* should be enjoined; and small quantities of arrowroot, beef-tea, or such light diet taken as best agrees with the patient. Champagne—iced if possible—is the best beverage, if it suits the stomach. Soda-water with a small quantity of brandy often suits well. When the symptoms are subsiding and the appetite is returning, a cup of good coffee without milk or sugar, with a plain biscuit or a small slice of toast, is often grateful.

PREVENTION.—For several days before embarking, indigestible food, over-repletion, or any irregularity in diet, should be avoided. At the same time one of the preventive remedies may be taken. Dr. Marsden informs the author that he has found those medicines most efficacious which, taken a day or two before going on board, improve the digestion. During the early part of the voyage, unless the weather be very fine, the patient should remain in his berth in a horizontal posture, and take chiefly liquid food—beef-tea, chicken-broth, etc. Good draughts of *warm* water, in the author's experience, more often relieve than anything else. A girdle, moderately tight, round the waist and abdomen, or a stomach compress, without mackintosh, have also been recommended. Warmth to the stomach and feet tends very much to prevent sea-sickness. Anything to amuse, and divert the attention is useful.

158.—Mucous Colitis and Enteritis.

A chronic inflammation of the large intestine (colon) with much mucus secretion, is a condition known as Mucous Colitis, and is often very obstinate. It generally demands expert treatment, but *Hydrastis, Colchicum, Mercurius,* and *Arsenicum* may be found useful.

Enteritis, or inflammation of the small intestine, occurs generally in young children, and takes the form of violent diarrhœa, often with grave symptoms of fever or collapse. It is most common in the hot weather. For treatment see Section on " Diarrhœa."

159.—Dysentery.

Definition.—A febrile disease, consisting of inflammation and Ulceration of the large intestine, with *tenesmus*, and scanty *mucous* or *bloody* stools.

Symptoms.—These vary considerably with the type of the disease. Simple cases occur, and run their course, with little constitutional disturbance ; but an acute attack commences with a chill or rigor, and is soon followed by quick pulse, hot skin, flushed face, and often pain in the head, thirst, furred tongue, nausea, and vomiting. Griping, irregular pains in the abdomen—*tormina*—are experienced, and the patient is often tormented by a sensation as if there were some excrementitious matter in the bowel ready to be evacuated, and he is irresistibly impelled to strain violently to remove the irritation. This, the most marked symptom of Dysentery, is called *tenesmus*, and although the desire to go to stool is frequent and urgent, the patient is unable to pass anything except a little mucus and blood, shreds of fibrin, which the patient often thinks to be the coats of his own bowels, and sometimes, balls of hardened fæces, called *scybalæ*. The spasmodic action often extends to the bladder, exciting frequent efforts to pass water. In hot climates the attacks are acute and violent, the pain being very severe around the navel and at the bottom of the backbone ; sometimes Hæmorrhage occurs from an artery being opened by Ulceration, or Abscess of the liver is a sequel of the disease.* In unfavourable cases, loss of strength and flesh follow, small and rapid pulse, anxious and depressed countenance, the abdomen becomes increasingly tympanitic, with bearing down of the lower bowel, burning heat, *hiccough*, sudden cessation of pain, cold sweats, sharpened features, Delirium and Death. In favourable cases the strength is not much reduced, while warmth and moisture of the skin, and a more natural character of the evacuations, indicate a tendency to recovery.

CAUSES.—The cause is due either to a parasitic amœba (Tropical Dysentery), or to certain specific bacilli. For the latter vaccine therapy is often useful.

The following may act as accessory and predisposing causes :—Exposure to extreme and sudden changes of temperature, as from heat of day to the cold and damp of night ; impure water ; insufficient protection from cold and wet, as sleeping on the ground with the abdomen insufficiently covered; intemperance; a poor or irregular diet, etc. It is therefore often epidemic among people reduced by privation.

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* See Chapter on Tropical Diseases.

TREATMENT.—*Aconitum.*—If febrile symptoms are well marked, the early use of this remedy often arrests the disease at its onset. It should be administered several times, at intervals of an hour.

Merc.-Cor.—*Bloody* evacuations, mucus mixed with blood, or almost pure blood; severe pain and *straining* before, and especially after, discharge; urine completely suppressed, or passed with great difficulty, with severe tenesmus of the bladder, while yet the patient lies *perfectly quiet and composed.*

Aloes.—*Shooting boring* pains near the navel, *increased by pressure;* swelling of the lower part of the abdomen, which is sensitive to pressure; distension in the *left side* and along the track of the colon, worse after eating; *fainting during stools;* stools of bloody water; violent *tenesmus;* frequent *cutting pains* with *pinching* in rectum and loins; heaviness and numbness in the thighs.

Arsenicum.—*Great thirst,* but patient drinks little at a time; cold breath; tongue looks blue; perspiration sticky and cold; eruptions may appear on the skin; cold extremities; excessive *weakness;* patient despairs of life, and is very restless; *before stool,* feeling as if the abdomen would burst; *during stool,* feeling of contraction above the anus; *after stool,* burning in rectum, trembling in limbs, also palpitation of the heart and exhaustion; putrid fæces; urine offensive, greenish, and passed with great pain. Especially indicated in constitutions enfeebled by previous disease.

Colocynth.—Often required after *Merc.-Cor.*, especially when *colicky pains* are very severe, the abdomen distended, tongue white, and discharges slimy; the patient is *doubled up* with pain, pressing any object against the abdomen for relief; fruitless attempts to vomit; burning along the sacral region.

Ipecacuanha.—Autumnal Dysentery, with nausea and vomiting, uneasiness, straining and Colic; the evacuations are frothy, fœtid, and afterwards bloody, sometimes mucous and greenish. Often advantageous in alternation with *Bry.* Emetine the alkaloid of *Ipec.* is almost specific for amœbic dysentery and its sequels.

Bryonia.—Pains aggravated by the least movement even of the arms; great thirst for *large draughts* of water.

Belladonna.—At an early stage, if the pains *appear and disappear suddenly;* sharp, shooting pains; great bearing down; tenderness of abdomen to pressure.

Nux Vom.—The first to be given after allopathic drugging; special symptoms are *small* and frequent evacuations, with violent tenesmus, which ceases with the evacuation; *pain* in the *back,* as if it were *broken* in the region of the sacrum.

China.—Dysentery in marshy districts; intermittent Dysentery; weak, thready pulse; cold extremities.

Rhus Tox.—Involuntary nocturnal discharges; cutting pains in the abdomen; almost constant urging to stool.

Sulphur.—Obstinate cases, where ordinary remedies fail in affording relief, especially where there is constitutional taint, or hæmorrhoidal disease; also as an intercurrent remedy.

Administration.—In urgent cases a dose every twenty or thirty minutes; in less severe, every three or four hours.

CHRONIC DYSENTERY.—*Phos., Ac.-Nit., Sulph., China,* *Colchicum, Cal.-C., Ver.-Vir.,* and *Ac.-Phos.,* are our chief remedies.

Accessory Means.—The patient should maintain a recumbent posture in bed, in a well-ventilated apartment, and, in severe cases, use the bed-pan instead of getting up. Local applications afford great relief, the best of which is the *Abdominal Compress* (see Sec. 28). If the pains are very severe, large hot poultices, or flannels wrung out of *hot water,* should be applied over the abdomen, a second hot flannel being ready when the first is removed. Great benefit often results from injections, if there be not too much inflammation to admit of the introduction of the enema tube: they may be administered after each evacuation if they prove beneficial. The first two or three injections may consist of from half a pint to a pint of tepid water, the temperature being afterwards gradually reduced. Mucilaginous injections are also frequently of service, especially of linseed tea. The drink should consist of cold water, toast-water, gum-water, barley-water, etc.; the diet should be restricted to soda-water-and-milk, arrowroot, cocoa, broths, ripe grapes, and other liquid forms of food—all cold.

Preventive Measures.—Besides avoidance of the conditions pointed out under "Causes," it is necessary promptly to remove, disinfect, and bury the evacuations from a dysenteric patient, and to adopt the "Accessory" and "Precautionary Measures" pointed out under "Enteric Fever."

160.—Hernia—Rupture.

Definition.—A protrusion of some of its contents through the walls of the abdomen, causing a swelling.

The term hernia is applied to the protrusion of any of the abdominal contents from the cavity of the abdomen. The popular term "rupture" is misleading, as the formation of a hernia is not attended with tearing of tissue.

VARIETIES.—The following are the most common:—*Umbilical* Hernia makes its appearance at the navel, usually in infantile life; *inguinal*, in the groin; *femoral*, also in the groin, but a little lower than the inguinal region; and *scrotal*, in the scrotum. *Reducible* Hernia is one that can be returned into the abdomen; *irreducible*, cannot be returned; *strangulated*, is so constricted that the contents of the bowel cannot pass onwards and the circulation of the blood is impeded.

The general condition of the patient does not necessarily correspond with the gravity of the changes in the hernial contents, and is sometimes so little disturbed that he is able to sit up or even walk, although the bowel is already gangrenous.

The symptoms of strangulated hernia are essentially those of intestinal obstruction associated with a tender, tense and irreducible swelling. There is flatulent distension and colicky pains, with vomiting; desire to go to stool, and inability to pass anything, unless there be fæcal matter in the bowel below the seat of the obstruction.

If the condition is not relieved the patient sinks with symptoms of progressive toxæmia. The temperature is usually subnormal; the face is pale and drawn, and the expression anxious. There is great complaint of thirst. The tongue is dry and brown; the pulse small and rapid.

The alternatives before a patient with reducible hernia are, either to have the hernia controlled by a truss, or to have it cured by operation.

CAUSES.—*Weakness* of the abdominal walls from disease, injury, or congenital deficiency; *violent exertion,* as in lifting; *immoderate straining,* as in passing urine through a stricture, or in relieving the bowels.

TREATMENT.—No time should be lost in trying to push a hernia back into the abdomen, gentle force being exerted chiefly upwards and outwards as the patient lies with the hips raised, and the thigh on the ruptured side flexed. A copious injection of tepid water the author has known to be successful in cases which assumed a serious aspect, the escape of water from the bowel being rapidly followed by return of the rupture. But if not successful, the patient should be laid on *a board,* so placed as to form *a steep inclined plane,* so that the patient's feet and hips are very much higher than his head; he should be firmly held in this posture by an assistant, when by pressure on the swelling, and often without any, the bowels will fall towards the chest, drawing with them the constricted portion. A gurgling sound will be the signal of success. After returning the Hernia a properly fitting truss should be employed, to exert a sufficient amount of pressure to prevent the subsequent protrusion. A truss should be worn constantly during the daytime, and applied *before* rising from the horizontal posture. The skin of the part on which it presses should be washed daily, and for the first few weeks bathed with *Eau-de-Cologne* or spirit-and-water, to prevent excoriation and the formation of boils.

If the rupture resist the measures just recommended, the best surgeon within reach should be *immediately* sent for. Strangulation must be relieved, and the contents of the hernia returned within the belly with the least possible delay and this is best done by operation. In the meantime the foot of the bed is elevated ten or twelve inches, and hot fomentations applied over the hernia. While awaiting the result of these measures the preparations for operation are proceeded with and *Acon.* and *Nux V.* should be administered every fifteen or twenty minutes in alternation.

161.—Parasitic Disease of the Intestines—Worms (*Entozoa*).

The three most common parasites are the following:—the *Oxyuris Vermicularis* (the small thread-worm), and the *Ascaris lumbricoides* (the long round worm); the *Tænia solium* (or pork tape-worm), and *Tænia saginata* (the beef-worm), the common tape-worm of this country. The tape-worm is the least frequent of the three types, and is very rare till after the third year. There are many other worms parasitic on man, but these three are the ones commonly met with.

The OXYURIS, from a quarter to nearly an inch long, is the smallest of the worms that infest the intestines; they often exist in clusters, rolled up in masses of considerable size, chiefly, but not exclusively, in the rectum. They are thread-like, white, and move very rapidly, and when touched contract to nearly one-half their usual length. The term " maw worm " is sometimes applied to them, from the irritation caused in the stomach by a reflex action. They do not exist in infants fed at the breast, unless other food, especially starch food, is also given, but are often met with in older children, and occasionally in adults. The *symptoms* to which this variety give rise are,—itching or irritation about the anus, especially troublesome in the evening, depraved or irregular appetite, offensive breath, picking of the nose, straining at stool, disturbed sleep, and more or less general restlessness. The local irritation excited may be very considerable, extend to contiguous parts, and occasion a mucous or bloody discharge from the vagina, and even operate as a cause of masturbation. The same result may occur from direct migration of the worms from the anal to the vaginal or urethral orifice. The frequent but ineffectual desire to go to stool may occasion straining and Prolapsus Ani, effects which may continue after the expulsion of the worms. When the presence of thread-worms is suspected, they may often be found on examination of the stools, or crawling about the radiating folds of the anus after the patient gets warm in bed.

THE ASCARIS LUMBRICOIDES is very similar to the common earth-worm, but of a paler colour, sometimes almost white. It is of variable length, from six to fifteen inches, inhabits chiefly the small intestines, when it feeds on the chyle, but not infrequently passes into the stomach and is vomited; or downwards into the colon and is ejected with the evacuations. It has been seen in the gall bladder and hepatic duct, has visited the œsophagus, pharynx, and glottis; and has been found in the air-passages, coming by way of the œsophagus and trachea, causing death by strangulation. Usually not more than one or two are present, but occasionally they exist in numbers. The disease is said to be most common in ill-fed children between the ages of three and ten years. The chief symptoms are, pains and swelling of the abdomen, depraved appetite, fœtid breath, slimy stools, tenesmus, itching of the anus, and sometimes chronic Diarrhœa, most troublesome at night, with offensive, scanty, thin motions, much straining, and often prolapse of the bowel. Nervous symptoms are also common,—pallid countenance, dilated pupils, Vertigo, disturbed sleep with grinding of the teeth, Convulsions, Chorea, etc. These symptoms may, however, be due, in part at least to the general functional derangement which favours the production of the parasite, and not alone to direct irritations.

The TÆNIA SOLIUM and TÆNIA SAGINATA are white, articulated, flattened, vary in length from a few feet to many yards, have their habitat in the small intestines, and usually exist alone. It has been said that if any segment of the tænia be left in the bowel, it will become a perfect worm ; but this is not the case. The worm grows by formation of new segments below " the head," so-called, which is fixed to the wall of the intestine. Unless this " head " is killed by treatment, and expelled, the worm will grow again. If the articulation be fully developed, and finds a suitable nidus, the germs will escape, but must pass through physiological changes in an intermediate host before they can become perfect worms. The symptoms produced by the presence of a tape-worm are not often well-marked, and it is usually unsuspected till joints are passed in the evacuations ; frequently, however, there are sensations of weight, or gnawing in the abdomen, often with enlargement about the navel. The appetite is usually excessive, but at the same time the nutritive functions are so imperfect that there is considerable and progressive wasting. There is often itching of the nose and anus, lassitude, and sometimes cramps in the extremities.

GENERAL SYMPTOMS.—The existence of worms is usually preceded and accompanied by an unhealthy condition of the mucous lining of the intestines, in which a large quantity of tenacious slimy mucus is secreted, which interferes with the various processes concerned in digestion, and at the same time forms a suitable nest for intestinal worms, in which they develop rapidly in proportion to the quantity of mucus secreted. Intestinal worms require thick mucus both for their nidus and nourishment. The clear recognition of this fact is of great importance, for when the alimentary canal is brought into a healthy condition, there is no home for worms, and they soon cease to infest the patient.

This condition of the intestinal canal is associated with a coated tongue, varying in degree according to the extent of mucous secreted, with remarkable distinctness of the fungiform papillæ at the sides of the dorsum. These papillæ are seen as large, round, or, more commonly, oval spots, seldom elevated, and varying in colour from pale red to deep crimson, the depth of colour being in proportion to the degree of irritability of the digestive organs. If vomiting and Diarrhœa supervene, their colour becomes bright red, and they then project slightly above the surface peering through the thick coating of yellow fur with which the dorsum in such cases is usually covered. Although the appearance of the tongue thus described is not diagnostic of worms, yet it indicates a condition of the digestive organs in which worms are very likely to be found, and when it is noticed, worms should always be inquired for. When the tongue is seen to have a slightly slimy look, especially about the centre, to be covered with a thin coating of greyish transparent fur, and to have the fungiform papillæ at the sides—large, oval, not elevated but pinkish red, and usually distinct—worms are seldom absent (*Dr. Eustace Smith*). A particular kind of white blood corpuscle (Eosinophile) increases when worms are present.

As a result of this condition of the alimentary canal, the function of nutrition becomes impaired, and the patient loses flesh, while the abdomen becomes hard and swollen. The face is puffy and pale, the skin greyish, with a leaden-coloured semi-circle under the eyelids; the pupils are dilated; there is itching of the nose and anus, and occasionally tenesmus; the bowels may be confined, with constant ineffectual efforts, or there may be attacks of Diarrhœa, with great straining, the motions being dark, slimy, and offensive; the breath is disagreeable, especially in the morning; and there is sometimes dribbling of saliva during sleep. The appetite is capricious, often ravenous, and sometimes the child refuses food altogether. Discharges of mucus are not infrequent from the rectum, and also in girls from the vagina. Sometimes the urine is passed with difficulty or pain, the urine being usually whitish or milky.

Other disordered conditions, of a nervous character, are restlessness, starting during sleep, grinding of the teeth, a dry, short, irritative or spasmodic Cough, sighing, Hiccough, and in children of a refined nervous temperament, Convulsions.

The only certain proof of the presence of worms is the detection of the creatures themselves, or their ova, in the stool or matters vomited. Even when thus known to exist, the symptoms for which advice is sought may not be due to the worms. In such a case an injection or purgative will expel the parasites, but the symptoms will still persist.

CAUSES.—Our knowledge of the *modus operandi* by which these parasites get access to the intestinal canal is as yet imperfect. The *Oxyuris* effects an entrance into the human body with vegetable food or water whilst in an immature condition. Unfiltered, impure water is no doubt the medium by which the *Ascaris lumbricoides* is introduced. Eating imperfectly-washed vegetables, raw or undercooked meat, etc. Flesh infested with the *cysticercus*, which is the intermediate stage of the tape-worm, is the ordinary source from which the *Tænia* are derived. Pigs are very liable to be so affected.

The *predisposing condition* which favours the development of worms, already noticed, is the secretion, in great abundance, of intestinal mucus, causing fermentation of food and imperfect digestion and assimilation.

WORMS INFECTIOUS.—Thread-worms often migrate from the rectum into the vagina of little girls, preferring the night for this purpose; they may even migrate from the child affected to others sleeping in the same bed. The female worm is the greatest traveller, and one pregnant worm, escaping from its place of development into another intestinal canal, is capable of infecting it. In this manner worms are infectious, and an entire family, where parents and children occupy the same bed, as they too often do among the poorer classes, become infested with *oxyuri*.

TREATMENT.—This does not involve simply the expulsion of the parasites from the body, but the correction of the abnormal state of the digestive canal, and the destruction of the nidus in which they live and multiply. When *oxyuri* are very numerous and troublesome, and their immediate removal is desirable, we recommend simple injections as follows:—

INJECTIONS.—These are useful as means for expelling thread-worms, as they inhabit the rectum and sigmoid flexure; half-a-pint of water, in which five or six drops of oil of turpentine, or of Eau-de-Cologne, have been dissolved, once or twice repeated, will generally suffice. The injection should be administered in the evening at bedtime, and when the bowel is empty, so that the injection may find ready access to the various ramifications of the bowel where the parasites hide. Afterwards, a simple cold or tepid injection should be used regularly two or three times a week for one or two months, to wash away the slime and mucus in which the ova exist. But the medicinal and general treatment can only be relied upon for improving the health and preventing their re-formation. Garlic (*not onion*) injections have been found very efficacious. Also injection of the cold infusion of *quassia* chips. Sweet oil is a less disagreeable injection, and often rids the patient of the worms in about ten days.

EPITOME OF TREATMENT.—

1. *As Anthelmintics.*—Cin., Cup.-Ac., Filix Mas. φ, Teuc. φ, Urt.-U., Sant. 1, Kousso. Infusion of Pomegranate rind. Pumpkin seed.

2. *For constitutional conditions commonly associated with worms.*—Ars., Calc.-C., Sulph., Sil., Merc.

3. *Occasional Remedies.*—Acon. (*feverishness and restlessness*); Bell. (*flushed face, nervous irritability, convulsions*); Nux V., China, Puls. (*Indigestion*); Ign. (*nervous depression*).

LEADING INDICATIONS.—

Cina.—A valuable remedy for the condition which favours the development of *thread-worms*, or round-worms, or even tape-worms, with the following symptoms: boring at the nose, livid semi-circles under the eyes, tossing about, or calling out suddenly during sleep, Epilepsy or Convulsions, nausea and vomiting, griping, itching at the nose and anus, and white, thick urine, sometimes passed involuntarily. *Spigelia* often acts better for similar symptoms.

Santonine.—Is confessedly a genuine specific for all the larger kinds of parasites.

Mercurius Cor.—This remedy is indicated more by the character of the evacuations than by the presence of parasites. The motions are whitish or greenish, pappy, and sometimes bloody, often attended by tenesmus; there may be also distension of the abdomen, *fœtid breath, excessive quantity of saliva,* difficult teething, restlessness at night, etc.

Ignatia.—Suitable for mild, sensitive children, troubled with excessive *itching of the anus; Prolapsus Ani,* nervousness, depression, epileptiform attacks, etc.

Teucrium.—Thread-worms with much irritation in the rectum, irritability of the nervous system, sleeplessness, Vertigo, etc. It is especially efficacious in *adults.*

Filix Mas.—This remedy is chiefly employed against the tape-worm. The patient should fast for eight hours or take a good purgative three hours before the dose, which should consist of 60 or 70 minims. Give the dose at bedtime, and another purgative in the morning, and when the worm is passed seek carefully for the "head," which is minute and easily overlooked.

Pumpkin seed is often used successfully, and is a pleasant remedy for tape-worm, especially for children. From two to four ounces of the seed should be scalded, and when the outer shells are softened, the inner portion should be taken out and bruised in a mortar, and made into a pulp with milk or cream. It should be taken in the morning fasting, and a dose of castor oil should be given some hours later.

Urtica Urens.—Excessive *itching of the anus,* especially at night, from thread-worms.

Ant.-Crud.—This remedy is particularly recommended for the correction of that *morbid condition of the intestinal canal* which favours the development of worms.

China.—Thread-worms, with *tendency to Diarrhœa,* irritation of the anus, pallor of the face, and livid appearance under the eyes.

Sulphur.—Worm-colic ; also after the general symptoms have disappeared to complete the cure. See also *Calc.*

Calcarea.—After discontinuing the other remedies specially and immediately indicated, this is generally required for patients having an *hereditary predisposition to worms,* with other tubercular symptoms.

LOCAL MEANS.—The propagation of the most common varieties of worms—the Ascaris and the Oxyuris—may be prevented by the simple application of lard or oil around the anus of the patient. It has been observed that light and air are necessary to the propagation of some varieties of intestinal worms in horses and other animals, and Mr. Haserick, of America, states that the female holds on or grasps the mucous membrane within the *sphincter ani* and then discharges its eggs around the anus ; in a few hours these are hatched and make their way into the rectum. He has found the application of lard around the anus destroys the larvæ, and that by renewing the application two or three times a day for a week, the surface is completely protected, and the egg has no nidus for development ; consequently, as the worm is short-lived, in the space of eight days the animal is free from parasites. Encouraged by his success with animals, this gentleman recommends similar measures in the case of children, and with the prospect of equal success.*

Dr. Hills and Dr. Grosvenor have advised this treatment in many cases, with the best result in every instance.

DIET, ETC.—To correct the excessive and morbid intestinal secretion, considerable changes of diet are generally necessary. The food should be taken only at regular hours, and be selected with special reference to its digestibility; it may include properly-cooked animal food—mutton, beef, fowl,—also white fish. Cakes, pastry, sweetmeats, sweet-made dishes, potatoes (except prepared as afterwards recommended), butter, veal and pork in any form, must be forbidden. Salt, as a condiment, may be taken with the food.

The following scale of diet is recommended by Dr. Eustace Smith for a child over two years of age, to be given in four separate meals in the course of the day:—

" *First Meal.*—Fresh milk, diluted with a third part of lime-water. A small slice of toast, or of dry, stale bread.

" *Second meal.*—A small mutton chop, or a slice of roast beef or mutton, without fat; dry toast, or stale bread.

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* Dr. Woodvine, of Boston, confirms Mr. Haserick's theory "After many attempts," he states, " I succeeded in satisfying myself that the method by which the *oxyuris vermicularis* propagates its species is by depositing the ova outside the sphincter ani and around the edge of the anus, where, in the space of a few hours, the worms are hatched, and make their way into the rectum. In order to ascertain if the ova are thus deposited, I directed the parents of the child afflicted with the oxyuri, a few minutes after a paroxysm of itching and pricking pain in the rectum had subsided, to take a piece of damp black silk, and wiping the anus of the child with it, fold it, and send it to me. To the naked eye nothing appeared on the silk more than a little mucus. This I placed in a microscopic cell, and under a one-fifth objective we found that, on several occasions, I had succeeded in obtaining large numbers of the eggs, thus confirming the observation of Mr. Haserick."

" *Third Meal.*—A cup of beef-tea or mutton-broth, free from grease the yolk of a lightly boiled egg ; dry toast.

" *Fourth Meal* (*if necessary*).—The same as the first. It is not always easy to persuade children to submit readily to the deprivation of starchy food, for which, and especially for potatoes, there is often in these cases a great craving. So long, however, as the slimy appearance of the tongue, before described, continues to be observed, the above diet should, if possible, be adhered to. When potatoes are once more allowed, they must be well boiled, and should be afterwards carefully mashed with a spoon. *Steaming* is generally the best method of cooking potatoes. Gravy may be poured over them before they are eaten. In cases where the appetite is lost and there is disgust for food, children often show an especial reluctance to take meat, which it is very difficult to overcome. A small bird will, however, often tempt them, for their fancy is pleased by the idea of eating a whole bird, and this means frequently succeeds when all others fail.

" The above scale of diet need not be literally followed in the case of all children troubled with worms, but may be varied according to circumstances. In general three meals are better than four ; but whichever arrangement is adopted, no food should be allowed between the meals."

GENERAL MEASURES.—The general hygienic management of children should be conformed to the best principles : children should be quickly bathed with cold water on rising in the morning, and afterwards rubbed with a large towel or a sheet till the whole skin is in a glow. An occasional warm bath at night is advantageous by aiding the healthy action of the skin. Open-air exercise should be taken daily, and when improvement has taken place, change of air to the coast or to a bracing country is desirable, if only for a short time. Change of air tends to perfect and render permanent the treatment recommended.

PREVENTION OF WORMS.—1. Open waters should be avoided (either for drink or use in the preparation of food), into which worm-eggs may be washed by rain, or other agencies, or to which even dogs or other animals have access. All suspected water should be previously boiled, distilled, or *well filtered.* 2. Decomposing pieces of meat should be destroyed by *fire;* if thrown to dogs, or allowed to accumulate on the ground, or even buried, worms are propagated, and human health and life endangered. 3. Raw or underdone meat, especially ham, bacon, sausages, etc., should be carefully avoided. Cooks, butchers, etc., are more liable to be infested with *tænia* than other persons, and in countries where uncooked flesh, fowl, or fish is consumed, worms abound. Good cooking ranks next in importance to the attempt to exterminate parasites from the animals we eat, or the water we drink. 4. Dessert fruits, vegetables eaten raw, and salads should be first most scrupulously washed and examined, as it is through such media that the ova of parasites often find their way into our bodies. After being *thoroughly cleansed,* they should be well masticated before they are swallowed.

There are one or two other worm parasites which deserve a word. In the Section on " Tropical Diseases," will be found references to the Guinea Worm, the Filaria and the Bilharzia. There is a tape-worm of the dog—which passes through its intermediate stage in the body of man, if the eggs gain entrance through accidental contamination. In this phase it grows to be a large cyst full of fluid, called a hydatid, and may grow in the liver or lung, or indeed anywhere, perhaps most often in the liver. Its treatment is entirely surgical. It is much more common in Australia than in Britain.

The Hook-worm (Anchylostoma) is common in America, and cases occur in England occasionally. It is endemic in Italy and Egypt. Infection is through impure drinking water. The worm inhabits the duodenum (part of the small intestine) and causes profound anæmia, with grave constitutional symptoms. The disease is diagnosed by the discovery under the microscope of the eggs of the parasite in the fæces. Treatment is by *Thymol*, two doses of 30 grains being given with an interval of two hours, followed by *Castor oil*. It is well to repeat this treatment after a week. For the general symptoms, *Arsen.*, *China*, *Ac.-Phos.*, *Calc. Carb.* will be found useful.

162.—Diarrhœa.

Definition.—Frequent *excessive*, fluid evacuations from the bowels, without *tormina* or straining, from functional or structural changes in the small intestines, of a local or constitutional origin.

Simple frequency of evacuation may exist while there may be no increase in the quantity of fæcal matter discharged, or it may even be deficient. True diarrhœa depends upon defective absorption of the intestines, so that an excess of matter passes through them, and less is taken up for the nourishment of the body.

Forms.—The following are the chief: *Irritative Diarrhœa* from excessive stimulating, irritating, or impure food or drink; *Congestive or Inflammatory Diarrhœa*; *Diarrhœa lienterica*, or discharges of unaltered food from arrest of the digestive and assimilative functions; and *Summer-diarrhœa* (see Enteritis).

Symptoms.—Nausea, flatulence, griping pain in the bowels; followed by loose motions, which may vary as regards *consistence*—being fluid or watery; in their *nature*—slimy, bilious, or bloody; and in their *odour* and *colour*. Furred tongue, foul breath, and acrid eructations, are generally superadded. The circulation, breathing, and other functions are usually unaffected. In *Summer-diarrhœa,* or English Cholera, the discharges are chiefly bilious, and there are often violent pains in the abdomen, Cramps in the legs, and great prostration.

CAUSES.—1. *Excess in the pleasures of the table.*—Over repletion of the stomach may occasion irritation and Diarrhœa by the mere quantity of the aliment introduced, but these results more commonly follow the *mixture* of various kinds of food and drink in one meal.

2. *Indigestible kinds of food.*—Such are, especially,—sour, unripe, or decaying fruits or vegetables; badly-cooked food; fatty and rich food; various kinds of shell-fish; *putrid* or *diseased* animal food. Numerous proofs have often been furnished in the public journals that the flesh of diseased animals is occasionally sold for human food.

3. *Impure Water.*—This is a fruitful cause of Diarrhœa. Water contaminated with sewage or sewage gases, or with decomposing animal matter, is almost certain to produce Diarrhœa, especially in recent visitors to a neighbourhood supplied with such water.

4. *Atmospheric Influences.*—The heat of summer, the hot days but chilly nights and mornings of autumn, are frequently exciting causes of Diarrhœa; so is the application of cold to the perspiring body, or the sudden checking of perspiration. Hot weather is a frequent exciting cause of Diarrhœa, termed on this account Summer or English Cholera. Dr. Farr says that Diarrhœa "is as constantly in English towns when the temperature rises above 60° as Bronchitis and Catarrh when the temperature falls below 32°." Probably, to

the influence of the change of temperature—from the excessive heat of the day to the cool of the evening in the autumnal months—may be added that of bad drainage, and the impurities which then exist in our rivers and springs.

5. *Mental Emotions.*—The depressing influences of fear or anxiety, or the violent excitement of anger are frequent exciting causes. "A sudden fright," writes Sir Thomas Watson, "excites in many persons the action of the bowels as certainly as, and much more quickly than, a *black draught.*"

6. *Functional or organic disease.*—Diarrhœa is often a symptom of other diseases arising from local or constitutional causes, as in Enteric fever; and in Hectic fever, and Phthisis, when it is called *colliquative* Diarrhœa, because it appears to *melt down* the substance of the body; *cachectic* Diarrhœa, as from chronic malarious diseases; bilious Diarrhœa, from excessive flow of bile, as in hot weather or after passing a gallstone. Looseness of the bowels is a very common precursor of Cholera, when that disease is epidemic.

TREATMENT.—The attempt to arrest Diarrhœa by the astringent measures of the old school has, in many ways, a most prejudicial effect; for should one symptom be relieved, it is too frequently followed by aggravation of others. When loose evacuations afford relief, they should not be interfered with, for they may be Nature's mode of curing disease. The evacuations following the too free indulgence of the table, or those of children during teething, are of this class.

EPITOME OF TREATMENT.—

1. *Diarrhœa from indigestible food.*—Puls., Ant.-C., Ipec., Nux V.

2. *From impure water.*—Bapt., Ars.

3. *From fruits or acids.*—Ars., Coloc.

4. *From cold and hygrometric changes.*—Camph. (*with severe chills*); Acon., Bry. (*changes from hot to cold weather*); Dulc. (*damp*); Coloc. (*with colic*).

5. *Summer Diarrhœa.*—China (*simple*); Ver.-Alb. (*with cramps*); Iris (*with vomiting and headache*); Ars. (*great prostration*); Ac.-Phos. (*epidemic summer and autumnal Diarrhœa*); Colch., Podoph.

6. *From mental causes.*—Ign., Ver., Cham., China.

7. *During Dentition.*—See Section 136.

8. *In weak and aged persons.*—Phos., Ac.-Phos., Ant.-C., Ac.-Nit.

9. *Chronic Diarrhœa.*—Ars., Phos., Calc.-C., Ac.-Phos., Iod., China, Sulph., Ferr.-Iod., Ac.-Nit.

10. *Other conditions.*—Ipec. (*with vomiting*); Ferr., China, Ars. (*undigested food in the stools*); Rumex, Nuphar (*morning Diarrhœa*); Merc.-Cor., Caps., Ipec. (*bloody discharges:* see also Section on "Dysentery"); Podoph., Merc., China, Iris (*bilious Diarrhœa*); Rubini's Camphor (*choleraic Diarrhœa; tetanic Cramps*).

LEADING INDICATIONS.—

Camphor.—In *sudden* and *recent* cases, with chilliness, shivering, cold creeping of the skin, severe pain in the stomach and bowels, cold face and hands. Two drops on a small piece of loaf sugar, repeated every twenty or thirty minutes, for three or four times. If this remedy acts at all, it does so promptly, and no good follows its continued use.

Dulcamara.—Diarrhœa from cold and wet, particularly in the summer or autumn; nocturnal evacuations, which are slimy or bilious; impaired appetite and dejection of spirits.

Pulsatilla.—Purging *from fatty or rich food,* bitter taste in the mouth, nausea, eructations, and colicky pains, especially at night; *mucous Diarrhœa*, especially in children.

Ant.-Crud.—Watery Diarrhœa, with disordered stomach, loss of appetite, *white coated tongue, eructations*, and nausea. It is more especially adapted to the aged.

China.—Simple Summer Diarrhœa; also after eating, or in the night, or early morning, and containing undigested food, painless or with Colic; brownish motions; debility, thirst, and loss of appetite.

Apis.—Painless, greenish-yellow Diarrhœa, *recurring every morning.*

Iris Versicolour.—English Cholera or Summer-diarrhœa; bilious evacuations, with vomiting and Headache.

Arsenicum.—Diarrhœa accompanied or ushered in by vomiting, with heat in the stomach, and a *burning sensation* attending the effort of expelling the motions, with griping or tearing pains in the abdomen. It is well indicated in Diarrhœa with extreme weakness, emaciation, coldness of the extremities, pallor, sunken cheeks, etc. It is therefore more suited to Diarrhœa associated with deep-seated disease than to mere functional disorder.

Mercurius Cor.—Bilious or bloody stools, preceded by colic and griping, and followed by painful *straining;* also clay-coloured or yellow stools.

Bryonia.—Diarrhœa during the heat of summer, especially if caused by cold drinks, or by sudden change from heat to cold wind.

Podophyllum.—Dysenteric and bilious Diarrhœa, with prolapse of the bowel.

Aloes.—Diarrhœa, with feeling of *uncertainty* as to the power of retaining the contents of the bowel.

Veratrum.—Copious, dark, *watery* evacuations, with *Cramps, great thirst, vomiting*, coldness *of the body*, and *rapid sinking.*

Acid.-Phos.—Chronic, *exhausting*, painless Diarrhœa, particularly when there is involuntary action of the bowels.

Phosphorus.—Weakly, nervous patients, especially young persons with a tendency to *Phthisis.* *Iodium* is also valuable.

Ferrum.—*Anæmic* patients; chronic Diarrhœa, with *undigested* food.

Calcarea Carb.—Chronic Diarrhœa, with weakness, *emaciation*, pale face, and sometimes variable appetite. It is especially useful in scrofulous persons.

DIET.—In *recent* cases of Diarrhœa, food should be given sparingly, consisting of light, non-irritating articles—gruel, rice, arrowroot, arrowroot biscuits, Neave's Food prepared with an extra quantity of milk, and other farinaceous substances, which should be taken *cool.*—In chronic Diarrhœa, the diet should be nutritious, but restricted to the most digestible kinds of food —mutton, chicken, pigeon, game, and white fish are generally suitable, if not over-cooked. Beef, pork, and veal and all tough portions of meat should be avoided. Starchy foods—arrowroot, sago, etc.—are insufficient for prolonged cases of Diarrhœa, but are improved by admixture with good milk. *Old* rice, well-cooked, with milk, taken directly it is prepared, is excellent nourishment. Raw or half-cooked eggs, and wholesome ripe fruit in moderation, may generally be taken. Mucilaginous drinks—barley-water, gum-water, nitric lemonade, linseed tea, etc.—are the most suitable (see pp. 78-80). Probably, however, the best diet is *milk-and-lime-water*; it may be iced in feverish conditions, and soda-water occasionally substituted for lime-water. Restricting a patient entirely to this diet is often alone sufficient to cure all kinds of Diarrhœa not depending on a permanent chronic cause. Even in the latter case much temporary benefit is gained. The alkaline milk diet may be taken frequently and in small quantities.

Accessory Means.—The extremities should be kept warm, and exposure to cold or wet avoided. Rest, in the recumbent posture, is desirable in acute cases. Severe griping pains may be relieved by heated flannel applied to the abdomen, dry, or wrung out of *hot* water. A roll of flannel, fitting moderately tight round the abdomen, is very comforting, and hastens the cure. Persons liable to Diarrhœa should always wear flannel abdominal-belts. Night air and late hours predispose to attacks. Except in severe cases, moderate out-of-door exercise should be taken daily. On recovery from Diarrhœa, relapses should be guarded against by shunning all exciting causes in food, clothing, etc.; mental excitement, and excessive or prolonged exertion should also be avoided.

Of late years much success has been claimed, especially in the severe choleraic forms of Infantile Diarrhœa, for treatment by injections of isotonic sea-water, after the method of M. Réné Quinton. The use of this accessory means, however, demands an expert, for success depends largely on a knowledge of the proper dosage and repetition of dose suitable for each case.

163.—Colic—Spasms of the Bowel.

Definition.—Violent contraction (*Spasm*) of the muscular fibres of the large intestine.

Symptoms.—Severe twisting griping pain in the bdomen chiefly around the navel, relieved by pressure, that the patient doubles himself up, lies on his belly, r rolls on the floor, writhing in agony. The bowels are enerally constipated, but there is frequent desire to elieve them, although little passes but flatus ; there is o fever, nor is the pulse even quickened, unless after a ime it becomes so from anxiety. The paroxysms of ain are owing to the efforts of the bowel above to force ownwards the mass of accumulated gas or fæces, while he lower portion is contracted.

Diagnosis.—Colic is sometimes mistaken for *En- ritis* and for *Hernia* ; but it may be distinguished as ollows :—In *Colic*, there is no fever, no acceleration of he pulse, no serious apprehensive anxiety ; the pain is elieved by pressure, and there are intervals of almost omplete relief. Colic may be distinguished from *ernia* by the tumour which exists in the latter disease, ut which is absent in the former.

Causes.—Errors of diet, such as eating a mass of eterogenous, acrid, indigestible food, or acid fruits ; old, from wet feet ; worms ; Constipation, etc. It ay also arise from Stricture of the intestines.

Treatment.—*Colocynth.*—*Cutting, griping,* or *inter- ittent* pains, extremely severe, with flatulence or iarrhœa ; followed by tenesmus.

Chamomilla.—In women and children ; pinching and visting pain ; soreness of the bowels ; nausea.

Nux Vomica.—Spasmodic flatulent Colic, with pain if the bowels and bladder were pressed upon with a utting instrument ; irregularity in the action of the owels. Also to correct the tendency to recurrence.

Iris Versicolor.—*Severe flatulent Colic.*—Colic often elds to this remedy after *Nux V.*, *Coloc.*, *Cham.*, etc., ve failed.

Belladonna.—Paroxysmal Colic, griping, and sensation as if a ball or lump were forming; there may be distension of some part of the abdomen; redness of face, with straining, especially in children.

Plumbum.—Violent constrictive shooting or pinching pains in the region of the navel; constant desire to eructate and expel flatus; torpor, numbness, stiffness, and weakness in the limbs; hard abdomen; pressure and cramps in the stomach; relief by bending the body and drawing up the knees; *flatulence* and *obstinate Constipation* with stools formed like sheep's dung; face and skin pale, bluish or yellow; cold extremities; melancholy, etc.

Veratrum.—Severe *cramping pains,* with coldness of the whole body; flatulent Colic, especially in the night; Colic affecting the whole abdomen, with swelling and loud rumbling.

Bryonia.—In less severe Colic when, in addition to fulness and distension of the bowels, there are sharp stitching pains in the sides or in the bowels, with irascibility.

Other remedies sometimes required are—*Corc.* (menstrual Colic); *Merc., Ipec.,* or *Podoph.* (bilious Colic); *Diosc.* (*sudden attacks with vomiting of food*); *Puls., Collin.* Some time ago we prescribed the last-named remedy with striking and permanent results in an extremely severe and obstinate case, which had resisted nearly all the usual remedies. For *Lead-Colic* see the next Section.

Accessory Means.—Hot flannels over the abdomen; or a *copious enema of warm-water,* is often followed by immediate relief. Food of a flatulent character, especially vegetables, and every kind that has been found to disagree with the patient, should be avoided.

ersons subject to Colic may be benefited by wearing piece of flannel around the abdomen, and having he feet well protected from damp.

164.—Lead-Colic.

CAUSES.—All the preparations of lead do not equally avour the development of Colic, the oxide of lead and hite-lead being especially apt to induce it. The nost dangerous modes by which lead is introduced into he system are its absorption by the respiratory appa-atus, as by the continued inhalation of the dust or apour of lead by workmen, and by taking food with ands soiled with that form of the poison they are in he habit of using ; this explains why workers in lead-nines, and in white-lead factories, painters, potters, ype-makers, and others, are particularly liable to Lead-olic. Less frequent causes are—indulgence in snuff rapped in tin-foil, wine sweetened by sugar-of-lead, he preparation of food in leaden vessels, or in vessels adly glazed, and water contaminated by passing hrough leaden pipes.

Lead-colic has also been observed in cows feeding on he fields of the neighbourhood of the Scottish lead-ines, and in animals drinking water from rivers which riginated in lead-mines.

TREATMENT. *Opi.*, *Alum.*, *Bell.*, *Plat.*, *Podoph.*, or *c.-Sulph.* For detailed treatment, see the chapter n Poisons.

PREVENTION.—As a prophylactic measure, and a *onditio sine quâ non* of complete recovery, change of ccupation is necessary. It is important to observe hat some persons are much more readily affected than others, and if one member of a family suffers from Anæmia, nervousness, and debility of the upper extremities, while the others are in apparent health, the blue line on the gums should be looked for, and the condition of the water supply, and other possible means of lead-poisoning, carefully inquired into.

165.—Constipation—Confined Bowels.

Definition.—A collection or impaction of excrement in the rectum—the residuum of the various processes concerned in the nourishment of the body*—occasioning irregularity in the evacuations from the bowel, increase in their consistence, and often a sensation of fulness and tension in the bowel and surrounding parts.

Constipation and Purgatives.—While we admit that Constipation is not desirable, and may almost invariably be avoided by such measures as are pointed out further on, yet a tendency thereto is not so prejudicial as many persons suppose; indeed, persons thus predisposed are generally long-lived, unless they injure themselves by purgative medicines; while those who are subject to frequent attacks of Diarrhœa are soon debilitated. A daily action of the bowels is no doubt desirable in most cases, but by no means invariably so. An evacuation may take place daily, or every second day, or even every third day, in persons who are equally healthy, no invariable rule applying to all persons. The most erroneous and dangerous idea on this subject is that extremely popular one,—that aperient drugs contribute to health, not only during sickness, but also occasionally in health, inasmuch as impurities are thereby expelled from the body. The fallacy of this may be easily demonstrated: Let purgatives be taken for a week, and however good may have been the health previously, at the termination of this period very much "impurity" will be discharged, especially after taking *jalap* and *calomel.*

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* It has been estimated that the food taken *per diem* is about thirty-five ounces, thirty of which are assimilated, and five left as true excreta

Purgation during sickness is also generally injurious; while "temporary relief is afforded by powerful purgatives, the delicate mucous membrane of the intestinal tract is weakened thereby, a sort of chronic catarrh is induced, and the very condition sought to be removed is aggravated tenfold."

Purgation produced by drugs is an *unnatural condition,* and although temporary relief often follows the use of aperients, they tend to disorganize the parts on which their force is chiefly expended. The intestinal canal is not a smooth, hard tube, through which can be forced whatever it contains without injury; it is part of a *living organism,* and needs no external force to propel its contents on their way; nor can such force be applied with impunity. Not only does the frequent use of purgatives over-stimulate the liver and pancreas, but also and especially the numerous secretory glands which cover the extensive surface of the intestinal canal forcing them to pour out their contents in such excessive quantities as permanently to weaken and impair their functions, and so produce a state of general debility. The normal action of the stomach and intestinal canal being thus suspended, nausea, vomiting, griping, and even fainting are produced. The brain and vital energies are disturbed, occasioning lowness of spirits with melancholy, alternating with mental excitement and peculiar irritability of temper.

An important end will be gained when persons can be led to regard Constipation as a mere result of the causes—a want of balance in the general system; and when general and remedial measures shall be directed to the correcting of this condition as the only adequate means of curing Constipation.

The "Lancet" on Purgatives.—In a leading article (a few years since), the *Lancet,* after strongly denouncing the too prevalent custom of indiscriminate purgation, cites the following conditions as illustrations of what purgatives cannot accomplish. It will be noticed that these are the very conditions in which orthodox (?) medicine has with the greatest uniformity and pertinacity prescribed them. The editor of the *Lancet* now affirms that (1) *Purgatives cannot eliminate morbid poisons.* They have no power, except for evil, in the eruptive fevers, including Typhus and Enteric. (2) *They cannot remove a clot on or in the brain.* Apoplexy is now known to depend on degeneration of the blood-vessels, which purgatives might damage, but could not possibly benefit. (3) *Purgatives cannot overcome a mechanical obstruction of the bowels.* After this emphatic statement, printed in italics, we are surprised the writer should have added —"In cases of such obstruction they (purgatives) should be given most cautiously, and in such forms and doses as to irritate as little as possible." If they cannot overcome the obstruction, why should they be administered at all? Why should *any* irritation be superadded to the evil which threatens to overwhelm the patient? (4) *They are unnecessary in the case of lying-in women.* The tendency of purgatives is to weaken the patient, lessen the amount of milk, and retard the restoration of the parts by disturbance. Even when laxatives are necessary in the lying-in chamber, adds the editor of the *Lancet*, *Castor-oil* should be given in teaspoonfuls rather than in half-ounces. This is right good teaching, and we hail it as a most encouraging evidence of the permeating influence of the doctrine and practice of Homœopathy.

Constipation in Old Age.—Daily evacuation, which is the rule in youth and middle life, is often an excess in advanced life, when three or four times a week is sufficient. It is desirable that this physiological fact should be known, as old persons often trouble themselves needlessly on this point. If constipation give rise to any inconvenience in the aged, it is best met by oleaginous articles of diet—butter, fat, bacon, etc.—which should be taken as largely as can be digested. Pure olive oil, a dessertspoonful after each meal, when it can be taken is often a most valuable remedy. Of late years refined *Petroleum oil* in similar doses has been much used and often with success.

SYMPTOMS.—Headache; feverishness; pressure or distension in the stomach and bowels; urging and repeated but fruitless efforts to evacuate the contents of the bowel, or complete torpor without desire; pulsation or pain in the abdomen; Piles and Varicose veins; uneasy breathing, disturbed sleep; depression of mind, etc. If Constipation be persistent, it may be attended with vomiting.

CAUSES.—In most instances, Constipation depends upon some family habit in the patient, the regulation of which will probably in every case suffice to remove this condition. The following are a few of the faults in question. Sedentary habits; smoking tobacco to excess; drinking too much beer, port wine, or tea; dissipation; the exclusive use of superfine flour; taking food too dry and too destitute of succulent vegetables;

neglect in attending to the calls of nature to relieve the bowels ; loss of tone in the mucous lining of the bowels from the use of purgatives. Sometimes Constipation is the result of disease of other parts—disease of the liver, brain, or spinal cord, or their membranes. Here again, the remedy must be directed to the cure of the disease, if that be possible, rather than to the simple removal of one of the symptoms to which it gives rise.

TREATMENT.—The following remedies, it should be distinctly borne in mind, are not intended merely to "*act upon the bowels,*" but to correct the derangement upon which the Constipation depends.

EPITOME OF TREATMENT.—

Chronic Constipation.—Sulph. ; Plumb. (*with Colic*) ; Opi. (*with drowsiness*) ; Nux V. (*with Headache, and ineffectual urging*) ; Bry. (*with throbbing Headache and torpor of the bowels*) ; Lyc. (*with flatulence*) ; Hydras. (*simple cases*) ; Alum. (*dry pale motions*) ; Æscul., Aloes, *or* Collin. (*with Piles*) ; Nat.-Mur., Podoph., Sep., Carbo V., Ver-.Alb. *Ac.-Nit.* is strongly recommended by Dr. Dyce Brown and others.

LEADING INDICATIONS.—

Nux Vomica.—Constipation occurring in connection with other affections ; habitual Constipation, *with frequent ineffectual efforts* to stool ; also with nausea, *congestive Headache,* ill-humour, and uneasy sleep. It is especially useful when the affection is consequent on Indigestion, the use of alcohol, tobacco, or coffee ; for persons who take too little open-air exercise ; and for students and literary men.

Bryonia.—Chilliness ; *throbbing Headache ;* pain in the region of the liver ; also in persons having a tendency to *Rheumatism ;* and when there is no inclination to stool.

Opium.—Complete *torpor* of the bowels, especially after unsuccessful remedies, and when the motions are hard and lumpy, with Headache, drowsiness, dizziness, congested face, and retention of urine. *Opium* is well adapted to the aged, and to persons of a *torpid* or plethoric temperament, who do not readily respond to other remedies. It is interesting to note that half-minim doses of Tincture of *Opium* have been recommended for Constipation by so orthodox an authority as Sir T. Lauder Brunton.

Lycopodium.—Rumbling and flatulence; full, distended abdomen; Heartburn; water-brash; difficult evacuations.

Hydrastis.—Simple chronic Constipation. *Hydras.* gives *tone* locally and generally.

Plumbum.—Obstinate cases, *as from palsy of the intestines*, either painless, or with severe Colic; unsuccessful efforts to evacuate, with a painful constricted feeling about the anus; the motions are dark, and passed in *small balls*. For persons of a paralytic diathesis it is strongly indicated.

Ignatia.—Constipation with *Prolapsus* of the rectum on slight efforts to evacuate; creeping, itching sensation in the rectum, as of thread-worms.

Veratrum Alb.—A paralyzed state of the rectum, with dryness of the bowels; useful very often in infants, as is also *Silicea*.

Nat.-Mur.—With despairing mood, dryness and soreness of mouth, slight Ulcerations of the tongue.

Sulphur.—*Habitual Costiveness*, with flatulent distension of the abdomen, *Piles*, etc. As an intercurrent remedy it acts like *Opium*, but having a wider sphere, and being useful in numerous forms of disease, it is of far greater value.

DIET AND ACCESSORY MEASURES.—Meals should be taken with regularity, animal food eaten sparingly, but vegetables and ripe fruits freely. Coarse oatmeal porridge, with treacle, may be taken for breakfast ; and *brown bread should always be preferred to white.* If brown bread be not eaten exclusively, a little should be taken with nearly every meal ; its effects will thus be more uniformly exerted through the alimentary canal than if only taken occasionally. Water is an extremely valuable adjunct, both as a beverage and for external use. For tea and coffee, cocoa from the nibs may be substituted with great advantage. Spirituous liquors, highly-seasoned food, and late suppers, should be strictly avoided.

Walking-exercise in the country, with the mind unencumbered, is useful, particularly in the morning ; but it should not be carried to the point of inducing fatigue or much perspiration. *Frictions* over the abdomen, by towels, horsehair gloves, or the hands, are frequently of great utility ; they tend to rouse the paralyzed action of the bowels, and to dispel accumulations of flatulence.

The *Abdominal Compress* (see Sec. 28) is extremely valuable in correcting Constipation, and in obstinate cases may be worn day and night. It should not be used by aged and weakly persons, in whom there does not exist vital energy sufficient to excite reaction, or when the wet linen continues to feel cold long after it has been applied. In other cases the chill produced by the sudden application of the wet cloth rapidly disappears, and in from five to ten minutes a comfortable warmth results, proving its suitability to the patient.

Regular Hour.—Regularity in attending to the calls of nature should be observed, as there is probably no function of the animal economy more completely under the influence of habit than the one in question; nor is there any that may be more effectually deranged through the influence which the will can oppose to it. By fixing the mind on this operation for a short time, the bowels will at length respond, and a habit become established which will tend to procure both comfort and health.

Injections.—In obstinate, protracted Constipation attended with feverishness, and hardness or fulness of the bowels, and when it is ascertained that the lower bowel is obstructed with fæcal matter, too large or too hard for discharge, and the means before suggested have not proved at once effectual, the Enema may be used as an almost certain means of obtaining temporary relief. The injection should consist of about a pint or more of tepid water (to which a little common salt should be added), which should be carefully and slowly injected up the rectum by means of the Enema syringe. Unirritating in its operation, and acting directly on the seat of obstruction, an injection is far preferable to the derangement of the whole alimentary tract with strong drugs, which excite violent action only to reduce it to a state of greater debility and torpor than existed before. The use of glycerine suppositories or the injection of a teaspoonful of glycerine into the rectum is often very convenient and quite sufficient to give the necessary relief. See Chronic Intestinal Toxæmia

166.—Fistula in Ano (*Fistula in Ano*).

Definition.—A fistula in ano is a narrow pipe-like track, opening by an internal orifice on the mucous surface of the bowel and by an external on the cutaneous surface near the anus.

Causes.—Fistulæ originate in Abscesses, in the tissues round the anus, or by the ulceration of the mucous membrane of the rectum, and generation of feculent fluids and gases, which gradually excite progressive ulceration towards the surface. The disease is frequent in consumptive patients, from tuberculous ulceration of the mucous membrane of the rectum.

Symptoms.—There first appears on one side of the rectum a small hard lump, which, as it continues to enlarge, occasions considerable pain, and not unfrequently much constitutional disturbance. The surrounding parts soon become much swollen, the skin red, and suppuration quickly follows (ischio-rectal abscess). During the formation of the Abscess, the patient complains of pain in passing his motions, which are sometimes slightly tinged with blood. Great relief follows the discharge of the Abscess, which is generally most offensive, and the swelling subsides ; but there still remains a small opening near the anus, discharging a little offensive and irritating pus, and upon pressure a hardened track may be felt, leading towards the bowel. This is the Fistula. The external orifice of the Fistula is often very small and difficult to find in the folds of the thin skin near the anus, and is sometimes concealed by a papilla.

Treatment.—Hot fomentations to the skin over the inflamed part to encourage pointing on the skin surface. An ischio-rectal abscess ought to be incised from the cutaneous surface before it bursts into the bowel, otherwise a troublesome fistula results which usually requires operative interference by a surgeon.

The following are the chief medicines, the choice from which must be made according to the general symptoms and condition of the patient :—*Sil., Calc.-Phos., Lyc.*

Caust., *Nux V.*, and *Sulph.* At the same time, *local* applications of *Hydras.* or *Calend.* are useful to assist the curative process.

167.—Hæmorrhoids—Piles.

Definition.—Small Tumours, consisting of varicose veins of the anal region. They take the form of fleshy purple masses inside the anus, some being thick, firm and fleshy, and others thin-walled and easily bleeding. They vary from the size of a pea to that of a damson or walnut, are often intensely painful, and constitute the most frequent disease of the anus.

Varieties.—Piles are classified as (*a*) *internal* and (*b*) *external*, according as they are situated within or without the sphincter. The *external* are covered by skin; they vary in number from one to several clustering together like a bunch of grapes. The *internal* are covered by mucous membrane, and are always within the bowel; they are very liable to bleed, especially during the passage of fæces. If Hæmorrhage be long continued, an anæmic condition is induced, that is highly prejudicial to the constitution.

Piles that do not bleed are called *blind*; this variety is prone to Inflammation, when they become tense, appear ready to burst, and are so excessively sensitive that the patient can scarcely sit, walk, or lie.

Symptoms.—These vary considerably according to the amount of inflammation present. When the piles are indolent, the chief inconvenience arises from their bulk and situation; or from their getting within the sphincter muscle, occasioning more or less pain when the bowel is acting, prolapse, and often a sense of weight and discomfort which quite unfits the mind for continuous thought. But when inflamed, or, in common language, " during a fit of the Piles," there are pricking, itching, shooting, or burning pains about the anus, increased on going to stool, and a feeling as if there were a foreign substance in the rectum. After emptying the bowel, there is often painful straining, as if it were not emptied, occasioned by the Piles or the elongated mucous membrane to which they are attached being protruded during the expulsion of fæces, and, not being replaced sufficiently quick, are grasped and constricted by the *sphincter ani*, the function of which is to close the aperture of the bowel after defæcation. This condition is greatly aggravated if the patient stand or walk much after going to stool, or if the bowels are constipated, so that the rectum is much distended or the fæces become hard. If proper remedial measures be not adopted, the inconveniences and suffering become seriously augmented, the general health implicated, the patient loses flesh and strength, and the countenance wears a careworn expression.

CAUSES.—The *predisposing causes* are—any circumstances which determine blood to, or impede its return from, the rectum, *such as sedentary habits ; luxurious living*, especially the use of high-seasoned food, wines and spirits ; tight-lacing ; pregnancy ; confined bowels ; and diseases of the liver. Straining at stool or during micturition are exciting causes.

EPITOME OF TREATMENT.—

1. *Ordinary cases and from luxurious or sedentary habits.*—Nux V., Sulph., Podoph.

2. *From Constipation.*—Sulph., Æscul., Nux V., Collin., Carbo V.

3. *During Pregnancy.*—Aloes, Collin., Nux V.

4. *Bleeding-piles.*—Ham., or Sulph. (*dark blood*); Æscul., Aloes, Acon. (*excessive bleeding*); China (*after losses of blood*).

5. *Blind-piles.*—Nux V. in alternation with Sulph.; Acon. (*great pain*); Caps. (*burning and itching*).

6. *White-piles—discharges of mucus.*—Merc. (*with excoriation*); Acon. (*frequent discharges of white mucus*).

7. *Chronic.*—Ars. (*in emaciated persons*); Ferr. (*cachetic constitutions*); Ac.-Nit., Sulph., Hep. S.

8. *Suppressed.*—Acon., Puls., Sulph.

LEADING INDICATIONS.

Nux Vomica.—Piles in patients of *sedentary habits*, or from luxurious living, indulgence in stimulants, or depressing mental emotions; Constipation with *ineffectual urging*; Prolapsus, or loss of power of the muscular structure of the bowel. *Sulph.* may advantageously follow this remedy, a dose being given morning and night for four or five days; or *Sulph.* and *Nux V.* may be given in alternation, the former in the morning and the latter at night.

Hamamelis.—*Bleeding-piles*, or only a varicose condition of the hæmorrhoidal veins, particularly with a varicose state of the veins of the lower extremities. For cases in which there is considerable loss of blood, it should be used both internally and externally, a *lotion* being made by adding thirty drops of the strong tincture to four ounces of water, and applied by means of two or three folds of linen, covered with oiled silk, and renewed several times daily.

Æsculus.—Little bleeding, with much *pain in the rectum*, and also in the *back and loins*. Constipation. Also in form of ointment.

Collinsonia.—Piles associated with Constipation.

Aconitum.—An inflamed condition, with *feverish restlessness,* a sensation of heat, and discharge of mucus or blood. For the *excessive pain* often associated with Piles, besides its internal use, *Acon.* may be used as a *lotion.*

Arsenicum.—Burning sensation, and sometimes a feeling compared to passing red-hot needles through the Piles, with *intolerable pain* in the back, protrusion of the Tumours, and *prostration of strength.*

Sulphur.—This remedy is justly regarded as one of the most valuable in every variety of Piles, especially in *chronic* cases, associated with *Constipation,* or thin evacuations mixed with blood.

DIET AND ACCESSORY MEANS.—Patients should avoid coffee, pepper, spices, stimulating, highly-seasoned or indigestible food of every kind, and the habitual use of beer, wine, and spirits. Light animal food, brown bread, a liberal quantity of well-cooked vegetables, and ripe and wholesome fruits, form the most suitable diet. A full tumbler of very hot water should be sipped first thing in the morning and last thing at night. During an attack of Piles, animal food should be sparingly used. Over-eating or drinking causes engorgement of the portal vein, and Piles are the common result. The application of this remark is self-evident.

Sedentary habits and much standing, on the one hand, and extreme fatigue on the other, are prejudicial; as also is the use of cushions and feather beds. The pain attending *Blind-piles* may be relieved by ablution in cold or tepid water, whichever is found more agreeable. *Bleeding-piles* may be relieved by drinking half a tumbler of cold water, and then lying down for an hour. The horizontal position should be maintained as much as possible, that being most favourable to recovery. When Piles protrude, the use of *Hamamelis* or *Æsculus* ointment is recommended.

INJECTIONS.—Relief and permanent benefit will follow an injection of about a pint of tepid water up the lower bowel, but is not desirable as a routine practice.

When Piles are excessively sensitive or painful, the patient should sit over the steam of hot water, keep his bed, or recline during a great part of the day on a couch. The foot of the bed or couch should be raised, so that the buttocks are higher than the rest of the body. Strict cleanliness is also essential. The parts should be frequently washed with soap and cold water; or, when the Tumours are inflamed and painful, with tepid water. A piece of sponge and tepid water should in such cases be substituted for paper. A warm or vapour-bath (see Sec. 26), may be occasionally used at night, when the liver is inactive and the skin dry and harsh. It should be followed in the morning with a cold bath, or the body should be rapidly rubbed, first with a wet cold towel, and then with a dry one.

Another important point for patients troubled with Piles is, that the habit should be acquired of going to stool at night, immediately before retiring to bed, instead of morning, so that the horizontal position may favour the early subsidence of the Tumour, instead of its remaining in an inflamed and prolapsed condition, to the great annoyance and distress of the patient, and to the permanent injury of the parts.

Surgical measures are sometimes necessary. The curative treatment we advise is the injection into each pile of a mixture of *Carbolic Acid* and *Hamamelis* in water. If properly performed, this causes little or no discomfort to the patient, and does not necessitate his lying up. It is followed by shrivelling up of the hæmorrhoids.

168.—Fissure of Anus.

Definition.—A longitudinal ulcer at the anal margin. It is similar to the crack which occurs in the lower lip of the mouth, and, like the latter, is exquisitely painful.

Fissure of the anus is usually single and situated in the middle line posteriorly. Below it there is a tag of the mucous membrane called "sentinel pile."

Symptoms.—Severe burning pain during and after defæcation with great spasm of the anal sphincter muscle. The fæces may be streaked with blood.

Treatment.—(See Piles and Fistula in Ano.)—The bowels must be regulated, copious hot enemata being used when necessary, and ointment of *Calendula*, *Hamamelis*, or *Æsculus* applied.

In many cases a small operation under anæsthetic is necessary.

169.—Pruritus Ani—Itching of the Anus.

Definition.—A peculiar itching of the anus, at first of a voluptuous character, but afterwards violent and almost unbearable.

Symptoms.—Crawling, tingling, irritating sensations about the anus, often most troublesome at night, as the patient gets warm in bed, and preventing sleep. It is frequently complicated with an excoriated or fissured condition of the anus.

Causes.—Irritation of Piles; worms; Pediculi; habitual taking of opium or chloral; lodgment of fæces; suppressed period, or any suddenly-suppressed discharge or cutaneous eruption. Frequently, itching of the anus is only a symptom of disease of the liver, of some portion of the digestive apparatus, especially the rectum, or of some part in immediate proximity thereto. The primary cause must, therefore, be removed or relieved.

The patient must strenuously endeavour to avoid scratching the part, as this invariably aggravates the condition.

Treatment.—*Sulph.*, *Ac.-Nit.*, *Lyc.*, *Ant.-C.*, *Ars.*, *Nat. Mur.* and ointments of *Hamamelis*, *Calendula* and *Æsculus*. The selection of the remedy must be guided by the cause of the affection and by the symptoms present. The local use of dilute *Carbolic Acid* (five drops to the ounce of water), generally gives great and speedy relief.

170.—Prolapsus Ani—Falling of the Bowel.

Definition.—A protrusion of the rectum through the anal orifice. If the mucous membrane is alone prolapsed the condition is called "prolapsus ani"; if the entire thickness of the rectal wall is involved the term "prolapsus recti" is applied. The former is commonly associated with piles in adults, and the latter is more common in children.

Causes.—Long-continued Constipation or Diarrhœa, purgatives, straining excited by the presence of Worms, enlarged prostate, Stone in the bladder, etc. General laxity of structure may predispose to the complaint, or at any rate aggravate the causes already indicated.

Treatment.—*Ignatia.*—Is often specific, and is generally the first to be used, especially for infants and children. The indications are—*frequent ineffectual urging to stool,* straining, difficult passage of fæces, itching, and Prolapse of the bowel. A dose thrice daily, for two or three days: afterwards, morning and night.

Nux Vomica.—Prolapsus, with *costiveness,* and straining at stool, for patients of vigorous constitution.

Mercurius.—Prolapsus, with *itching,* discharge of a yellow mucus (*White Piles*), and *Diarrhœa;* hard, swollen abdomen.

Podophyllum.—Prolapsus accompanying Diarrhœa, with *straining and offensive stools;* irritation from teething, etc.

Lycopodium.—*Obstinate cases,* and when other remedies only partially cure.

Sulphur.—For similar conditions.

Gamboge, Calc.-C., Sep., Ars., and *Bry.,* are additional remedies.

Accessory Measures.—Two points must be steadily kept in view:—*The return of the Prolapse, and the removal of the cause.* The protruded part should be replaced with the forefinger, previously lubricated, carrying it beyond the contracting ring or sphincter muscle of the anus. As long as the complaint continues, the patient should lie down, with buttocks elevated above level of the body, for a short time after the action of the bowels, so as to favour the complete return of the protruded parts, or may defæcate in a lateral position last thing at night. Children must not be allowed to sit straining ineffectually at stool. If the bowel comes down after being replaced, the child may be left in its cot with body low, and buttocks elevated, until the anal sphincter regains its tone.

Bathing the parts, and the body generally, every morning in cold water, help to impart tone to the relaxed structures. The *diet* should be plain and nourishing, and include such varieties of food as favour the healthy action of the bowels. If, as is most frequently the case, Indigestion, Constipation, or Worms cause the complaint, the treatment recommended in the Section devoted to those disorders should be carried out.

171.—Diseases of the Liver—Inflammation: Cirrhosis.

Inflammation in the substance of the liver occurs either in the form of solitary abscess (see Section on Tropical Diseases), or as a result of general septic poisoning, with formation of small multiple abscesses. The fibrous capsule of the organ may become inflamed (*Perihepatitis*). This disease is best classed with Cirrhosis.

Cirrhosis.—There are various varieties of Cirrhosis due to various causes. The commonest form results from chronic alcoholism, but other poisons, such as lead, occasionally cause similar changes, and it can occur from general diseases, such as gout, diabetes, rickets, and especially from malaria or syphilis.

Alcoholic Cirrhosis (hob-nailed liver).—This disease is characterized by the development of fibrous tissue between the liver cells, causing their destruction. The organ is usually much diminished in size, but if there is a fatty degeneration present as well it may be increased, and there is a rarer disease known as biliary cirrhosis, wherein there is always an enlargement of the liver, and also of the spleen.

Symptoms.—Chronic catarrh of the stomach with nausea and vomiting, especially in the morning. Hæmorrhage from the stomach is frequent, and black stools from the presence of altered blood in them. Enlarged veins on the abdomen and gradual accumulation of fluid in the abdominal cavity. Jaundice as a rule is slight. Sense of discomfort in hypochondrium, often a little fever, and scanty urine.

Treatment.—If taken early and if the use of alcohol is given up, the disease can be arrested. Established cases are incurable, but can be relieved. Expert treatment is advisable, but the remedies most likely to be useful are *Phosphorus, Aurum, Lycopodium, Nitric Acid, Berberis,* and *Mercurius.* The Liver may be found to be enlarged as a result of Cancer (*Hydrastis, Chilidonium, Lobelia Erinus, Ornithogalum*), usually secondary to malignant growth elsewhere, and is enlarged in the late stages of heart disease. The underlying general conditions must then be treated.

172.—Simple Enlargement of the Liver—Congestion of the Liver.

Symptoms.—Fulness on the right side in the region of the false ribs; sense of weight on assuming the upright posture; uneasy sensation when the part is pressed upon; the complexion may be pale, sallow, or dusky; the tongue coated; the bowels constipated; the appetite faulty; and there may be nausea, vomiting, headache, languor, lassitude, and depression of spirits. The pulse is usually slow and irregular.

Causes.—Sudden chills; *too abundant, highly-seasoned, stimulating diet; the habitual use of alcoholic* *drinks;* anger, or other mental influences; excessive bodily exercise in the heat of the sun. It is a very common disease, and Dr. Budd thus accounts for its frequency:—" Amid the continual excesses at table of persons in the middle and upper classes of society, an immense variety of noxious matters find their way into the portal blood that should never be present in it, and the mischief which this is calculated to produce is enhanced by indolent or sedentary habits. The consequence often is, that the liver becomes habitually gorged. The same, or even worse effects, result in the lower classes of our larger towns, from their inordinate consumption of gin and porter."

Functional derangement, with suppressed secretion, sometimes accompanies congestion of the gland.

In some parts of India, entozotic influence may be at work in the production of hydatid disease of the liver.

EPITOME OF TREATMENT.—

1. *Enlargement of the liver.*—Phos., Merc., Ac.-Nit., Agar., Ars., China (*after fever and ague*).

2. *Hepatalgia* (*pain in the liver*).—Acon. (*hard, aching or shooting pains after exposure*); Bry. (*tensive* and *burning, or stinging pains, and in rheumatic persons*); Merc. (*dull pain*); Sabad. (*dull scraping sensation*).

3. *Biliousness.*—Bry. (*vomiting of bile and mucus*); Nux V. (*from stimulants and overfeeding; also when associated with Piles*); Sulph. (*Constipation*); Merc. (*white costive stools, and depression*); Acon. (*bilious attack from cold*); Cham. (*from anger*); Iris. (*sick headache*); Lyco., Hep.-S., Puls., Podoph., Chel., Tarax.

4. *Bilious Diarrhœa.*—Podoph. (*with bitter taste and dark urine*); Iris. (*in hot weather with vomiting*); China (*simple cases; and in summer*); Cham. (*in children and females, also when caused by passion*).

5. *Dropsy of the abdomen from Cirrhosis.*—Crot.-Tig., Ars., Ac-Nit.

LEADING INDICATIONS.—

Bryonia.—Enlargement and hardness of the liver, with shooting, stinging, or burning pains, increased on pressure and Constipation, without inclination for stool.

Mercurius.—Dull, pressive pain, which prevents the patient from lying long on the right side; yellow tinge of the "white" of the eye; sallow skin; shivering followed by profuse clammy perspiration; loss of appetite; foul taste in the mouth; Constipation of the bowels, with white stools; or relaxation, with bilious motions. *Merc.* is one of the best hepatic medicines in simple cases. (See also *Bry.*) But patients who have been dosed largely with *Mercury* should select *Hep.-S.*, especially when the stools are *clay-coloured.*

Nux Vomica.—Liver-derangement from the use of intoxicating drinks, excessive or stimulating food, sedentary habits, or nervous exhaustion, with Constipation, deep red urine, etc. Also when associated with Piles; in this case, *Sulph.* may be alternated with *Nux V.*

Lycopodium.—Sometimes required instead of, or after, *Nux V.*, when the latter is insufficient; *Constipation with flatulence;* continual pain in the right side and back.

Chamomilla.—Bilious attacks in females and children, from exposure to cold, or from anger; nausea or vomiting of bile, yellow-coated tongue, and sometimes bilious Diarrhœa.

Aconitum.—Sudden *acute* bilious attacks, following chills, with febrile disturbance; threatening Jaundice: it may be alternated with *Merc.*, unless allopathic doses of Mercury have been given, when *China* should be substituted.

Podophyllum.—Bilious vomiting, and Diarrhœa, with Prolapsus Ani; bitter taste; dark urine; sallow complexion.

Arsenicum.—Severe and chronic cases, with extreme weakness, burning pain, vomiting, and exhausting Diarrhœa.

Chelidonium Majus.—Chronic Liver-complaint; thick yellow-coated tongue; nausea; dull headache; deep-yellow and thick urine; pain and fulness; constipated bowels.

Ac.-Nit. or *Phosphorus.*—Long-continued, obstinate cases, with Jaundice, more especially if there be reason to fear organic disease of the liver; the former if there be dropsy; the latter if there be fatty degeneration, Cirrhosis, etc.

ACCESSORY AND PREVENTIVE MEANS.—*Rest* and *change* are most valuable, both as means of cure and prevention. The burden of business and domestic care should be removed for a time, and the monotonous scenes of every-day life exchanged for the hill-top and wild moorland; or at least the long hours of mental and physical exhaustion should be abridged, and more time allowed for the daily renewal of nervous energy. The patient should strictly avoid everything mentioned in foregoing paragraph as "causes," for wrong habits, especially alcoholism, will render a cure impossible; on the other hand, self-denial, abstinence, and correct habits, in conjunction with the medicinal treatment pointed out, will generally insure the most gratifying results.

To residents in India and other tropical climates, the foregoing remarks on diet and stimulants are especially appropriate. The food should be properly cooked, and the quantity taken should be proportioned to the amount of physical work and exercise.

The *Abdominal Compress* (see Sec. 28) is a most valuable adjunct in all liver affections; a cold salt-bath should also be used daily. Riding on horseback in the evening is beneficial; so also are Carlsbad waters.

173.—Jaundice.

The above term is used to express conditions in which many of the tissues and fluids of the body become yellow, especially the whites of the eyes, and the connective tissue of the body. Jaundice is a symptom of some acute or chronic affection of the liver, not a disease *per se*.

Symptoms.—Yellow tinge, first of the whites of the eyes, then of the roots of the nails, and next the face and neck, and finally the trunk and extremities. The urine becomes yellow-coloured or deep-brown, and stains the linen; the fæces whitish or drab-coloured; there is Constipation; lassitude; anxiety; pain in the stomach; bitter taste; and generally, febrile symptoms. Sometimes, especially in children, the bowels are relaxed from the food not being properly digested and occasioning irritation. There are also, usually, depression of spirits, prostration of strength, and slowness of the pulse. The presence of the yellow tint in the conjunctivæ and urine is very conclusive that the patient is suffering from Jaundice, and not merely from the sallowness of anæmia. The addition of nitric acid to the urine changes it to a deep green colour. When there is obstruction from a *gall-stone*, the most acute suffering is induced; the pains come on in paroxysms, and are often accompanied by vomiting and hiccough.

CAUSE.—Jaundice is due to obstruction of the bile-ducts, and absorption of the bile into the blood. In some diseases without actual obstruction there may be a yellow tinge or real jaundice (*e.g.*, Yellow fever, Phosphorus poisoning). In these cases there is degeneration of the liver cells and destruction of red blood corpuscles. Obstructive jaundice is due either to external pressure (as a growing of tumour), or to internal obstruction of the duct by a gall-stone, or as the result of catarrh and swelling of the mucous lining.

The excessive use of Camomile tea, *Quinine, Rhubarb,* or *Calomel,* in some fevers, may also be stated as a cause, as these drugs may induce obstruction of the bile duct from catarrh. But *sedentary occupations, mental anxiety,* and *high-living,* are probably the most frequent. Cancerous disease of the liver, or of the gall-bladder, are sometimes associated.

GALL-STONES.—A not uncommon impediment to the flow of bile is the impaction of a *gall-stone* in the natural channels of the bile. A gall-stone consists of bile in a crystalline form. The pain attending the passage of gall-stones is very severe, commences suddenly, is constant for a time, accompanied by vomiting generally, and terminates suddenly, and is thus distinguished from *Colic,* and by the pains being of a more local character, and in the site of the gall-duct.

EPITOME OF TREATMENT.—

1. *Acute Jaundice.*—Acon., Merc., Nux V., Hydras. (Dr. Hale recommends five drops of the φ tincture); Cham.

2. *Chronic.*—Chel., Podoph, China, Dig., Ars., Phos., Ac.-Nit. See also the previous Section.

3. *Gall-stones.*—*Acon., Calc.-Carb.* 30, *Berberis* φ, *Bell.,* and the application of a large hot compress over

the seat of pain during the passage of a calculus through the gall-duct. *Morphia* (better *Morphia* and *Atropine* or *Atropine* alone) may be necessary in the paroxysms of pain. *China* is said to prevent their re-formation. Surgical measures may be required.

LEADING INDICATIONS.—

Aconitum.—Jaundice with symptoms of Inflammation, and great pain in the region of the liver.

Mercurius. – A valuable remedy, and often affects a speedy cure ; it is especially useful after *Acon.*

China.—Jaundice from malaria, with bilious Diarrhœa ; and when the disease is *intermittent.* Persistently used, it prevents recurrence of gall-stones.

Nux Vomica.—Jaundice with costiveness, sensitiveness in the region of the liver, or from sedentary habits or indulgence in stimulants.

Chelidonium Maj.—Jaundice, with pain or tenderness in the liver and right shoulder, deep red, clean tongue, bitter taste ; light-coloured formed stools, etc.

Phosphorus.—Brownish-yellow skin and conjunctivæ ; *frequent,* copious, *whitish-grey evacuations,* blackish-brown urine ; dejection and despondency ; sometimes loss of voice, Cough, and other symptoms of *malignant Jaundice.*

Arsenicum.—Malignant cases, with typhoid symptoms, or great *emaciation.* *Ars.* is also useful for the *Dyspepsia* following an acute attack ; for Jaundice from the free use of *Mercury,* and for obstinate cases from fever and Ague.

Jaundice during pregnancy, or from Cancer or other tumour of the liver, requires professional attendance.

DIET.—Light and digestible—chicken broth ; beef tea ; *toasted* bread, scalded with hot water, with a little sugar ; roasted apples ; and as much cold water as the patient desires.

ACCESSORY MEANS.—Flannel squeezed after immersion in *hot* water, or a hot hip-bath, relieves pain. Jaundice from inactivity and chronic Congestion of the liver requires change of air and scene, travelling, *daily walking or horse exercise,* regular and temperate habits, and the use of the abdominal compress as described in Sec. 28.

174.—Peritonitis (*Peritonitis*)—Inflammation of the Peritoneum.

DEFINITION.—Inflammation of the serous membrane which lines the abdomen, and invests and supports the viscera contained therein, due to infection with micro-organisms. This infection originates in one of the organs covered by or adjacent to the peritoneum, of which the vermiform appendix ranks first in order of frequency.

175.—Appendicitis.

DEFINITION.—Inflammation of the appendix vermiformis, due to bacterial infection of its lining membrane.

Except in the mildest forms of catarrh of the appendix there is always more or less inflammation of the peritoneum covering it, and if the peritoneum fail to react or the infection be virulent, this localized peritonitis may rapidly spread until the condition of general peritonitis is set up.

An important result of catarrh with stagnation of contents in the appendix is the formation of appendicular concretions. These concretions often bear a resemblance to date stones, plum stones, or orange-pips, but contrary to the popular belief, it is extremely rare for any recognizable foreign-body, which has been swallowed with the food, to be found in the appendix.

Although appendicitis is chiefly a disease of youth, and occurs with greatest frequency between the ages of ten and thirty, it may be met with at any period of life. It is more common in the male than in the female, and usually occurs in those who are apparently in good health, although in some cases it may follow upon constipation or an antecedent catarrh of the bowel. The effect of cold or of excessive exertion sometimes assigned as a cause of appendicitis, is rather to be regarded as a factor which may light up inflammation in an appendix that is already diseased. Certain families show a predisposition to appendicitis. The comparative immunity ot races whose diet is largely vegetarian would suggest that the disease is in some way related to the eating of meat.

SYMPTOMS.—The patient experiences a sudden sharp griping pain in the abdomen, usually referred to the navel, and followed by nausea and it may be vomiting. In time the pain and tenderness become localized to the right side of the belly, below the level of the navel. Soon after the onset the temperature begins to rise, and at the end of eight or twelve hours reaches 100° or 101° F. The pulse is accelerated (90 to 100). The bowels do not move, and no flatus is passed.

If the infection is confined to the appendix the pain gradually passes off and the symptoms subside in the course of from twelve to thirty-six hours, and nothing remains but a little tenderness in the region of the appendix.

If on the other hand the infection spreads to the peritoneum, the pain persists and becomes more severe, the belly-wall in the right lower quadrant ceases to move with respiration, becomes rigid from muscular contraction, and excessively tender to touch. The symptoms of general illness continue, vomiting may persist, the temperature remains elevated and the pulse quickened.

At this stage also the progress of the disease may become arrested and the severity of the illness abate. On the other hand suppuration may occur and an abscess form, which, if left to itself will burst on the skin surface or internally. If the infection reach the peritoneum before adhesions wall it off, it tends to spread widely and the phenomena are those of diffuse peritonitis. The symptoms are more severe and progressive, and toxic symptoms assume a graver type. The features become drawn and pinched, and the expression anxious. Vomiting is usually persistent and occurs without retching. The abdominal wall is contracted and does not move on respiration. The patient may die within thirty-six hours of the onset of the illness, and often fails to realize the gravity of his condition.

TREATMENT.—There is unfortunately no means of determining in any given attack whether it is going to subside or not. By early operation the patient is relieved without risk, without danger of a prolonged illness, and of unpleasant sequelæ, and without the possibility of recurrence.

Aconitum.—Predominance of febrile symptoms. A dose every hour till relief is experienced. It is also acquired early in the disease, in alternation with any other remedy selected. A low dilution should be used

Bryonia.—Stinging and burning pains, greatly increased on movement ; Constipation, general uneasiness, etc.

Mercurius Cor.—Sallow skin, yellow-coated tongue, and when Tympanitis and Abscesses occur.

Belladonna.—Brain disturbance—Headache, flushed face, throbbing, etc. A few doses usually suffice.

Accessory Means.—Hot fomentations to the abdomen to relieve pain ; perfect quiet ; frequent sips of hot water. Enemata of hot water (up to two pints at a temperature of 105° F.). When the acuteness of the attack is passed, mild, unstimulating diet, and the use of the abdominal compress (see Sec. 28). In some cases cold compresses do more good than hot fomentations. *Belladonna* or *Veratrum vir.* may be applied locally.

Recurrent Appendicitis.—A first attack of appendicitis is followed by recurrence in a proportion of cases. After the original attack the patient may remain well for weeks, months, or even years, before being troubled again, or the attacks may recur at short intervals, so that he is never really well and is unable to continue his occupation.

The removal of the appendix after a first attack of appendicitis is indicated if the patient wishes to insure his life ; if he desires to enter one of the public services ; if he is compelled to reside where he is out of reach of surgical assistance. Operation is advisable also in children and young adults, because if recurrence takes place it is often of grave type. The operation is as a rule a simple one.

176.—Chronic Intestinal Toxæmias.

The possibility that many chronic diseases depend on poisoning from the Intestinal Canal is a conception that is gaining ground. It is even recommended by some surgeons to excise the whole colon, on occasion, as a disastrous breeding ground of pathogenic germs. Although much work is being done on the subject it is too early yet to speak dogmatically, but enough is known to warrant the statements that in many chronic diseases of most varied types, certain bacteria (generally one or other of three main divisions) can be cultivated from the stools: that vaccine treatment directed to them is often very successful in curing or relieving the chronic disease; that when a deep acting remedy is successful (as it often is) in these chronic cases, the bacteriological results are comparable to those of a vaccine; and that treatment directed against the more obvious local symptoms, though often palliative, is seldom curative. In fact these intestinal infections recall Hahnemann's doctrine of Psora, and deserve every attention from homœopathists.

Cases in which toxæmias of this sort may be suspected range from chronic arthritis, to chronic skin disease. Neurasthenia in some degree is almost invariable; neuralgia, paroxysmal headache, epilepsy and migraine, suggest always this kind of poisoning. Gastric and intestinal symptoms are nearly always present, though often masked by other more prominent ones. Constipation is the rule.

Further, it is at least possible that many diseases of ductless glands (*q.v.*) are due to such toxæmias as these and even Cancer may turn out to be at least encouraged by them. Diabetes is less certain, but not impossible as a result, and duodenal and other chronic ulcers of stomach and intestine. Pyorrhœa is certainly encouraged by these infections.

The possibilities therefore that underlie these toxæmias are deeply important. The part they play is largely that of gradually undermining strength and disease-resisting power and to treat them is to treat a fundamental cause of trouble. In every chronic case that resists other treatment, the aid of the bacteriologist should be sought and if an organism be found a vaccine of it should be tried. But the cardinal principles of this treatment are to realise that these diseases are of long standing (years generally), that resistance to them develops slowly and that long intervals must be given between vaccine doses to allow of response. Three, four or six months is not too long to wait, and the homœopathist can usually palliate troublesome symptoms meantime by appropriate remedies, which should, however, not be used in high potencies.

An additional dietetic treatment is the administration of fine, *uncooked* oatmeal (half an ounce or more three times a day), stirred into milk or water. The purpose of this is to encourage the growth of the lactic acid bacilli in the large intestine, for where they thrive, pathogenic germs are hindered. Further, the excessive eating of meat and consumption of stimulants, encourages these harmful bacteria and those who harbour them do well to eat largely of fruits (nuts in particular) and salads, and eschew meat and fish. A raw vegetable diet for a time is often very helpful, for probably the digestive system of man is as yet imperfectly adjusted to the amount of cooked food (often twice cooked) which in civilized states is commonly eaten, to say nothing of tinned food, and food to which preservatives have been added.

CHAPTER IX.

DISEASES OF THE URINARY SYSTEM.

177.—Albuminuria.

DEFINITION.—A morbid condition of the urine, symptomatic of renal disease, but not always consequent on it, and characterized by the presence of albumen. It is a symptom, not a disease.

ALBUMINURIA is not Bright's Disease. It is always associated with it, but may exist prior to and independently of any renal disease. If neither blood nor pus be present in the urine, but if nevertheless it be coagulable in even a considerable degree, thereby indicating the presence of albumen, it does not follow that there is any structural change in the substance of the gland.

DIAGNOSIS.—Dr. Roberts has shown how to determine whether Albuminuria be consequent on renal disease, by ascertaining: "(1) The temporary or persistent duration of the Albuminuria; (2) The quantity of the albumen present, and the occurrence and character of a deposit of renal derivatives; (3) the presence or absence of any disease outside the kidneys which will account for the Albuminuria." Though Albumen is not a constituent of healthy urine, it may exist in the urine of healthy persons, or of persons whose health is only slightly and temporarily disordered.

SYMPTOMS.—The quantity, density, and colour of the urine remaining at a healthy standard, the test by heat and nitric acid show *intermittent coagulability.*

CAUSES.—Febrile and inflammatory diseases; visceral diseases; Dyspepsia; excessive albuminous diet, such as eggs; bathing in cold water. Dr. G. Johnson has shown that prolonged cold bathing may produce transient Albuminuria.

EPITOME OF TREATMENT.—Acon. (*incipient*); Ac.-Phos., Helon. (*from nervous irritation*); Lyc., Tereb. (*with urinary symptoms*); Ars., Apoc. (*Œdema and Dropsy*).

178.—Nephritis—Bright's Disease.

DEFINITION.—Nephritis is inflammation of the kidneys, producing a morbid condition of the gland and its secretions.

BRIGHT'S DISEASE is a morbid condition of the kidneys; the term is "generic," and includes "several forms of acute and chronic disease of the kidney, usually associated with albumen in the urine, and frequently with Dropsy, and with various secondary symptoms."

I. ACUTE NEPHRITIS—ACUTE BRIGHT'S DISEASE.

SYMPTOMS.—Anasarca of the upper as well as the lower parts of the body—the hands and feet as well as the face being puffy and swollen; febrile symptoms—a dry, harsh, skin; quick, hard pulse; thirst; and often sickness, from sympathy of the stomach with the kidneys. The skin is tense, with the infiltration of serous fluid through the subcutaneous areolar tissue and may pit on pressure. There is frequent desire to pass water, which is scanty, highly-coloured or smoky-looking, albuminous, and of high specific gravity. If the urine be examined by the microscope, blood corpuscles may be seen in it, and granular casts of the minute tubes of the kidneys, consisting of numerous spheroidal tubes of epithelium; the kidneys being in an active state of congestion, if not of inflammation. If the urine be tested by heat and nitric acid, it will deposit *albumen.* This condition has been called *Desquamative Nephritis*, owing to the rapid separation of epithelium which goes on.

As may be inferred from what has been stated, both a chemical and microscopical examination of the urine is necessary, and should be made frequently, to determine the progress or decline of the disease. Indeed, without the aid of the microscope, it is often quite impossible to detect the variety and stage of the disease.

The renal symptoms are sometimes complicated with effusion into the pleural or abdominal cavities.

CAUSES.—The effects of fever, especially *Scarlet Fever*, exposure to wet and cold, as a contributory cause only, the action of irritating drugs, alcohol, etc. Dr. G. Johnson found, by an analysis of 200 cases, that intoxicating drinks cause 29 per cent. of all cases, and 12 per cent. arise from Scarlet Fever. The digestive and secretory functions being impaired, the blood and nervous system become deteriorated, the balance in the circulation is lost, and the secretion of the kidneys is changed.

2. CHRONIC NEPHRITIS—CHRONIC BRIGHT'S DISEASE.

SYMPTOMS.—Debility, general impairment of the health, and pallor of the surface, coming on insidiously with pain in the loins, and frequent desire to pass water, particularly at night, the urinary secretion being at first increased in quantity. The patient's face becomes pallid, pasty, and œdematous, so that his features are flattened, and there is loss of appetite, acid eructations, nausea, and frequent sickness, which nothing in his diet can account for. His urine is found o be of less specific gravity than natural, as shown by the depth to which the urinometer sinks below its surface ; it is also albuminous and coagulable by heat and nitric acid. There is most albumen at the beginning of the disease, because the kidneys are more congested ; but it is of lower specific gravity at the end, when the uninometer may go down to 1.004, and then the quantity of urine is very small. At first the urine may be of a very dark or smoky colour, from containing blood corpuscles ; but afterwards it becomes paler. There are two principal varieties of Chronic Nephritis. The first is usually the sequel to an acute attack, the other begins insidiously. Dropsy is more marked in the first variety, and the second (with the so-called granular " gouty " kidney) is characterized by degeneration of the arteries with increased pulse tension, and changes in the heart of a degenerative nature.

The disease progresses slowly ; but sooner or later there is *Anæmia.* Œdema of the feet and ankles is present, and, in advanced stages, there may be Ascites, or general Dropsy. But Dropsy is not invariably a very marked symptom of the disease, especially in the variety of Chronic Nephritis known as contracted or gouty kidney. It is sometimes scarcely observed, death arising from *Uræmia,* symptoms of which are Delirium, Convulsions, and Coma ; and of Coma the patient dies. Uræmia is so called from the belief that it is due to accumulation in the blood of urea and other poisons, but this is probably a mistaken view. It is much more likely a result of persistent high arterial tension. Sometimes, from the poisoned state of the blood, inflammation of a serous membrane arises, especially Pericarditis or Endocarditis, setting up valvular disease of the heart and then the patient becomes extremely dropsical, and is carried off by Asphyxia, from a complication of heart and kidney disease.

CAUSES.—Chronic Nephritis often follows Acute Nephritis; sometimes it is a result of bad living, *intemperance*, constant exposure to wet; Gout. Workers in lead—painters and plumbers—are particularly liable to the disease. It is a constitutional disease; both kidneys are equally affected.

TREATMENT.—The morbid condition in the acute and chronic forms of this disorder is the same. In detail, therefore, the treatment must be strictly adapted to the peculiarities of individual cases. The results of the remedies and means employed must be tested at regular intervals by an examination of the urine. Patience is necessary; after carefully deciding as to the line of treatment, it must be steadily persevered in, as marked improvement can only be seen after considerable time.

EPITOME OF TREATMENT.—Acon. (*Incipient stage, feverish symptoms*); Tereb., Canth., Chel. (*acute stage*); Ars., Sulph., Merc. Corr., Phyto. (*chronic*); Nux V., Kreas., Ac.-Nit. (*Dyspepsia*); Opi., Ferr. (*uræmic symptoms*); Nux. V., Ars., (*from alcoholic drinks*); Ac.-Phos. (*from suppuration or other cachexia*); Plumb., Colch. (*granular degeneration*); Ac.-Phos. (*amyloid degeneration*); Phos. (*fatty degeneration*); Apis., Apoc., Asclep.-Tub., Merc.-Cor. (*in pregnancy and Scarlet Fever*); Ferr., Sulph. (*convalescence*).

Schmidt says he has obtained the most brilliant result by an exclusive milk diet, when all other treatment had failed. An adult will sometimes take as much as a gallon in the twenty-four hours. It may be given cold or tepid, and from half a pint to a pint at a time. A preponderance of vegetable food, which makes less demand upon the secretory function of the kidneys than nitrogenous products, is likely to facilitate the success of remedial measures, indeed, meat in any form, or fish, must be given with the greatest caution. It is desirable also to limit the amount of salt taken.

ACCESSORY MEANS.—In the acute disease, warm-baths, or vapour-baths, should be had recourse to early, to promote the functions of the skin, lessen the Dropsy, and to carry off from the blood deleterious matters, which may be retained in it by inaction of the kidneys. Vapour-baths are preferable to warm baths, because they can be used at a higher temperature. The action of the bath may be much prolonged, and the bath in consequence rendered more efficacious, in the following manner. The patient is enveloped to the neck in a sheet wrung out of warm water, and three or four dry blankets are closely folded over it. He should be afterwards quickly dried, and wrapped up in blankets. If there be much Anæmia, warm baths should be employed with discretion. Further, to favour the free action of the skin, warm clothing—flannel and woollen garments—should be added, and chills and draughts guarded against. In chronic or convalescent cases, a healthy residence is necessary, including a sandy or chalky soil, and mild, dry air, so that out-of-door exercise may be taken. Patients with symptoms of Bright's disease should be encouraged to take abundance of open-air exercise as long as strength permits, chills and fatigue being guarded against. Bathing or cold sponging, and frictions with a sheet or bath-towel, tend to arrest the disease and invigorate the health. A Continental residence is preferable in many cases. By such means, and the administration of appropriate remedies, patients suffering from chronic disease of the kidney may live for years, enjoying the pleasures and fulfilling the duties of life.

179.—Cystitis—Inflammation of the Bladder.

(*a*) Acute Cystitis is a disease of rare occurrence, except when arising from Gonorrhœa, wounds, Calculi, the introduction of instruments, or other mechanical causes. Occasionally cold or damp may conduce to it.

Symptoms.—There is usually pain, sense of weight, tenderness on pressure, and extreme irritability in the region of the bladder, with rigors, and often alarming constitutional disturbance. The urine is ejected by a sort of spasmodic action as soon as it collects, with straining, and, generally, much suffering; and there may be discharge of mucus or pus, tinged with blood.

(*b*) Chronic Cystitis is more common; it may be the sequel to an acute attack; or it may be caused by Calculi, disease of the prostate gland, Stricture, etc.; often by infection after passing of a catheter. The decomposing urine then becomes a source of irritation to the mucous lining of the bladder; the urea is soon decomposed into carbonate of ammonia, and this salt is acrid and irritating, and the bladder in time acquires a condition which has been aptly compared to that of a badly-washed utensil. The symptoms are the same as described under the acute form, though to a modified extent; but while the pain is less, the discharge is generally greater. The mucus is often very abundant, a pint or more being often passed in the day, and it becomes very tenacious on standing, so that when a vessel containing the urine of such a patient is emptied, an abundance of ropy mucus follows the urine in a mass.

Cystitis may thus be diagnosed *from Inflammation of the kidneys*; in the former the pain travels *upwards*, towards the loins; while in the latter the pain extends from the loins *down* to the bladder.

TREATMENT.—The treatment of Cystitis must be regulated by its causes and associations. When simple, and resulting from cold, *Acon.* in alternation with *Canth.*; if from exposure to damp, *Dulc.*; if there be much nervous irritability, *Bell.* For the chronic form of the disease, *Canth.*, *Cann.-Sat.*, *Apis.*, *Eup.-Pur.*, *Kali Hyd.*, *Puls.*, and *Chim.*, are the best remedies. The last remedy is likely to be specially valuable.

ACCESSORY MEASURES.—For the relief of pain, hot fomentations; and in acute cases, rest in the horizontal posture. The warm hip-bath; the abdominal compress; and mucilaginous drinks, favour recovery. *Washing out the bladder* is often useful; but only small quantities of tepid water—one to two ounces—should be introduced at a time; a little boric acid should be added to the water; as far as possible, too, the water should be introduced slowly.

180.—Calculus—Stone—Gravel.

A urinary calculus or stone, consists of solid urinary constituents held together by an organic basis or network of an albuminous nature possibly derived from cells shed as a result of catarrhal processes. Stones are frequently multiple and may attain a large size.

Certain individuals pass little gritty cayenne-pepper-like particles, popularly known as "sand," or gravel. When these particles become aggregated they form a stone whose size may vary from that of a hemp-seed to that of a pigeon egg or larger.

Stone is more frequent in certain families, and it is much more common in some countries, particularly Hungary, India, and China, than in others. In this country it is most prevalent in Norfolk, and is met with chiefly in boys under ten, and in adults after middle life. It occurs with almost equal frequency in the two sexes.

A urinary calculus may originate in the kidney (renal calculus), and if of small size pass thence down the ureter into the bladder, and be voided from there with the urine during the act of micturition. Or a renal calculus may remain in the kidney until by constant accretion it attain a size too considerable to permit of its passage down the ureter. Again, a renal calculus may pass into the bladder and there by accretion reach considerable dimensions. Lastly, stones may originate in the bladder itself.

STONE IN THE KIDNEY.—In the absence of bacterial infection a stone may lie in the kidney for years without giving rise to symptoms—" latent stone." It may be said that it is a rule : the larger the stone, the fewer the symptoms. As a rule, however, the patient complains of dull aching and weight in the loin, or of recurrent attacks of colic, or of blood in the urine (hæmaturia).

Renal colic is characterized by agonizing pain shooting from the loin to the bladder, testicle, or thigh ; nausea and vomiting, shivering and collapse, with cold perspiration. There may be frequent desire to urinate with the passage of a little blood-stained urine. The muscles of the belly-wall on the affected side are more or less rigid. The colic may recur at intervals till the stone is passed, or after one or two attacks may disappear altogether, the stone settling down in the kidney. The patient may complain of a persistent boring pain or feeling of weight in the loin, excited or aggravated by exertion, jolting, local pressure, or errors of diet.

STONE IN THE BLADDER.—The great majority of calculi found in the bladder have descended from the kidney, and after entering the bladder have increased in size. The minority take origin in the bladder. Men suffer from stone in the bladder much more frequently than women. This comparative immunity of women depends partly on the fact that the female urethra permits small calculi which have passed down from the kidney to escape, and partly on their exemption from those forms of chronic cystitis attended with stagnation of urine which lead to the formation of secondary stone.

STONE IN BOYS.—Sometimes stone forms in the bladder of boys, the symptoms being frequent micturition, even to incontinence, severe pain in passing water, occasional sudden stoppage of the urine, with accession of pain at the end of the penis, sometimes discharge of blood, muco-pus in the urine, and constant pulling at the foreskin, which becomes elongated.

SYMPTOMS OF STONE IN THE BLADDER.—There are four leading symptoms that are very suggestive: (1) Increased frequency of passing water, chiefly during the day, and when moving about, and less so at night when at rest. Riding on horseback, for example, greatly increases the frequency. (2) Pain in the glans penis during and immediately after micturition, and a continuous desire to pass water for a few minutes, until fresh urine trickles down and separates the stone from the lining of the neck of the bladder, which is a highly sensitive part. As soon as sufficient urine collects relief is experienced. Pain low down in the abdomen may be due to chronic inflammation of the bladder. Pain before urinating is generally caused by a sensitive or inflamed mucous membrane. (3)

The urine may contain muco-pus. This is due to the accompanying cystitis. (4) Blood may be passed from time to time in slight quantities at the end of micturition.

All symptoms are aggravated by movement and, therefore, worse by day than night, and so long as the bladder is not inflamed, are relieved by rest in bed. There may be sudden cessation of micturition or actual retention of urine from impaction of the stone at the orifice of the bladder.

Sooner or later the symptoms of cystitis are added to those of stone. The urine undergoes alkaline decomposition and the stone increases in size by the deposition of phosphates. The symptoms are no longer so markedly relieved by rest, and the patient suffers by night as well as by day. In the final stages the health is further undermined by the ascent of the inflammation to the kidneys.

FURTHER EVIDENCE.—The four symptoms above enumerated, occurring simultaneously, point to stone in the bladder. But if additional evidence be desired, there are the microscopical and chemical tests of the urine, involving the application of various chemical reagents, the X-rays, the *sound*, and the cystoscope. The latter is an instrument by means of which every portion of the bladder can be explored by the eye of the surgeon.

Calculi in the kidneys, ureters, and bladder are, moreover, often distinguishable by means of the X-rays.

TREATMENT OF THE DIATHESIS.—Patients having a predisposition to the formation of Stone, especially if they have passed Calculi with their urine, require *medical* treatment and careful supervision to correct the tendency; for although useless to remove a Stone of size, remedies aid in the expulsion of sand or gravel, and also correct the tendency to such formations. Under our treatment many patients who formerly passed small Calculi have entirely ceased to do so.

First and foremost, all avoidable causes must be removed—high living, the use of alcoholic liquors, and insufficient exercise, on the one hand; and overwork, anxiety, and excesses of all kinds, on the other. Dyspeptic symptoms should be met by such means as are pointed out in the Section on Dyspepsia; and any other concurrent disorders should be corrected. Removal to a locality where *pure soft water* can be procured is often alone curative.

MEDICINES.—Among those used, the following are probably the most successful:—*Ac.-Phos.*, *Nux V.*, *Ac.-Oxal.*, *Lyc.*, *Cann.*, *Berb.* ϕ, *Gels.*, *Acon.*, *Canth.*, *Nat.-Carb.*, *Podoph.*, *Merc.*, *Ocim.*, *Can.* During an attack of renal colic *Morphia* will almost certainly be needed.

When a Stone becomes dislodged, and is passing from the kidney down the ureter towards the bladder, or from the bladder through the urethra, the pain is extreme; the membrane of the canals is liable to be lacerated, and Inflammation and suppuration may supervene; or Irritability, Spasms, or Incontinence may trouble the patient for a long time.

To prescribe for a patient with Stone in his bladder such remedies as *Cann.*, *Bell.*, *Nux V.*, or *Phos.-Ac.*, to remove the pain and frequency of micturition; Vichy water to correct the altered urine; or *Ham.*, or *Canth.*, to arrest the hæmorrhage, is useless, except to afford temporary relief; it would be wasting precious time and throwing away the opportunity of cure which an operation offers.

All cases in which there is even room for a suspicion of Calculus should be at once placed under the care of a professional Homœopath.

181.—Enlargement of the Prostate.

This vague but convenient term refers to an affection met with in men after middle life, of which the most prominent symptom is an irritability of the bladder and a progressive incapacity to empty it. The prostate gland undergoes a considerable increase in size, and by pressing on the neck of the bladder forms an obstruction to the outflow of urine from that organ, so that the latter cannot be completely emptied.

Enlargement of the prostate is compatible with vigorous health and an absence of symptoms for a period which may range from months to years. The earliest symptom is that the patient has to rise from bed to make water, especially during the early morning hours. He notices that the urine is slow in coming, that the stream is less forcible, and that urine escapes after he thinks the act completed; he is inclined to strain in passing water, although this hinders rather than helps the flow. The repeated straining may induce piles and prolapse of the anus.

At any time the enlarged prostate may become congested from alcoholic or sexual excess, or from exposure to cold, especially if the patient has allowed his bladder to become full, for example on a railway journey, and he then finds himself unable to "pass water"; in other words there is "acute retention."

TREATMENT.—To improve the muscular tone of the bladder and to train it to empty itself, the patient should, after passing water in the normal way, wait a minute or two and then try again. This should be practised as frequently as possible till only a very small quantity can be squeezed out (say half an ounce). When this point has been reached, twice or thrice daily may suffice. When the symptoms are entirely due to the mechanical obstruction at the neck of the bladder, and the health and vitality of the patient are unimpaired, a radical operation for removal of the prostate is indicated.

The complications of enlarged prostate are: retention of urine, cystitis, stone in the bladder and hæmorrhage. Hæmorrhage resulting from congestion of the enlarged prostate is often beneficial, but if it persist recourse should be had to hot baths, and appropriate medicine. If these measures fail a full-sized catheter may require to be passed and tied in for a few days, or the bladder tapped.

The operation of removing the prostate is as a rule a remarkably successful one in relieving the patient of his symptoms, and improving his general health.

Of drugs one of the following may prove useful:—*Apis, Baryta.-C., Calc., Clem., Con., Digit., Lyc., Nux Vom., Phos., Puls., Selen, Sep., Sulph., Thuja, Ferr. Pic.*

182.—Irritability of the Bladder *and* Spasm of the Bladder—Strangury—Difficulty in Passing Water.

These conditions are usually consequent on some diseases of the urinary organs—Cystitis, Calculus, Gonorrhœa, etc.; or are associated with Gout, Hysteria or other conditions.

Symptoms.—Frequent desire to urinate; the fluid is forcibly or spasmodically ejected in small quantities; and its passage is attended by burning, aching, or spasmodic pain (*Strangury*); the pain is confined to the bladder, or extends to the end of the penis, round the pelvis, or down the thighs. The urine may or may not be unnatural; but when the disease has become chronic, mucus or pus is passed with it (*Catarrh of the bladder*). In children, irritability of the bladder is sometimes caused by worms.

A person in health passes water on an average about five or six times a day, and has not to rise generally in the night for this purpose; but when there is any degree of inflammatory action of the bladder, the inflamed mucous membrane cannot bear much distension, so that five or six ounces of urine, or even less, excite a desire to urinate, although under healthy conditions the bladder contains without inconvenience fifteen or sixteen ounces.

EPITOME OF TREATMENT.—Nux V. (*Spasm*); Ferr. (*simple irritability during the day*); Bell. (*irritability in children and hysteric females*); Apis. (*Strangury*); Acon. (*Strangury from cold*); Dulc. (*from damp*); Camph. (*in urgent painful cases*); Canth. (*with or after inflammation of the parts*); Lyc. (*with much red sediment or gravel*).

ACCESSORY MEANS.—Mucilaginous drinks, the tepid hip-bath, etc. It is important to recollect that Strangury is not a substantive disease, but a symptom resulting from various causes, the removal of which is necessary before the bladder can regain its healthy sensibility and tone.

183.—Incontinence of Urine—Wetting the Bed.

This is not a disease *per se*, but a symptom dependent upon one or more of various causes, and may consist of partial or entire loss of power to retain the urine in the bladder. The patient may have an almost constant urging to pass water, which, if not immediately responded to, results in an involuntary discharge, but there is no pain or Spasm as in Strangury. If the patient be troubled with a cough, the inconvenience is much increased, as during each paroxysm the urine escapes. When the loss of voluntary power is more complete, the urine continues to dribble away as fast as secreted. The constant discharge excoriates the parts, causing soreness when moving about; at the same time an offensive urinous odour is exhaled from the person, which renders the condition most distressing.

The majority of the patients are *young*—from three or four up to fourteen or sixteen years of age—and the symptom is most troublesome at night.

CAUSES.—*Reflex action*, from many and diverse causes. Consequently, successful treatment can only be adopted ofter a careful investigation of the causes. Paralysis of the bladder is but an infrequent cause. It may result from injuries, Tumours, syphilitic disease of the spine, or constitutional causes. In children the most frequent causes are *irritation of the bladder from worms* in the rectum; too large a quantity of warm fluids, especially if taken towards evening; improper food or drink, causing acid urine, which *irritates* the mucous coats of the bladder, etc.

DIAGNOSIS.—One or two points may be determined by an inquiry as to whether the incontinence is most troublesome in the daytime or at night. *Stone in the bladder* does not cause much disturbance at night; but in the daytime, when moving about, it occasions frequent calls to micturate. On the other hand an enlarged prostate is most troublesome at night, when frequent calls to pass water are made. If this symptom occurs in a patient about sixty years of age, who has only recently had urinary troubles, and these are greatest at night, an enlarged prostate gland is the most probable cause. Lastly, in obscure cases, diseases of the brain, spinal cord, kidneys, bladder, or rectum, should be examined for ; and the possibility of masturbation, or the existence of obvious causes of irritation about the external genitals, should not be forgotten. Among the latter we may especially mention *Congenital Phimosis*, which, in consequence of the hindrance it offers to strict cleanliness, allows the secretions to accumulate around the gland and become a source of irritation. In these cases circumcision is the remedy, and is generally effective.

Dribbling of urine in adult life usually denotes overflow of a distended bladder.

TREATMENT.—The chief remedies are—Bell., Gels. (*in the aged*) ; Caust., Canth., Nux V., Ac.-Phos. (*with alkaline urine, and in hysterical females*) ; Podoph., Calc.-C., Ac.-Nit., Opi., Lyc., Ac.-Benz. (*high-coloured and strong-smelling urine*) ; Cin. *or* Spig. (*from worms*) ; Ferr., Sil. (*diurnal*) ; Scilla (*profuse discharge*); Acon., Canth., or Cham. (*in children, with uneasiness in micturating*).

Gelseminum.—Relaxed or paralytic condition of the sphincter of the bladder, leading to involuntary urination night and day.

ACCESSORY MEANS.—As incontinence of urine is generally the result of disease, corporal punishment cannot correct the annoyance, but only medical and general treatment, which must be entirely regulated by the cause. The bladder should be trained to retain water during the day. All salt, sharp and sour articles of food, malt-liquors, spirits, tea and coffee, should be avoided. Meat may be eaten in moderate quantities, but only a small quantity of fruit, and no flatulent food. Nothing *hot* should be taken in the after part of the day. Simple water, milk-and-water, and cocoa, are the most suitable beverages. Cold soft water or mucilaginous drinks in moderation tend to diminish the acrid properties of the urine. The mother or nurse should be quite certain that the child empties his bladder before getting into bed, as the child when sleepy or tired is apt to avoid this. Until the cause is removed, the patient should be taken up an hour and a half after he has gone to sleep, and if this is not sufficient, at regular hours throughout the night. Regular habits as to micturition should be encouraged during the day. Children who wet their beds ought to sleep on hard mattresses, with light clothing, and not be permitted to lie on the back; this may be prevented by fixing an empty cotton reel so as to press on the muscles as soon as the patient lies on the back. Patients should take much open-air exercise, and have shower baths or ablutions with *cold* water every morning; the whole process, including drying with a large towel or sheet, should not occupy more than a few minutes.

184.—Retention of Urine.

DEFINITION.—Inability to empty bladder of urine.

DIAGNOSIS.—Retention is liable to be confounded with *Suppression* of urine; but in the latter condition the kidneys are the seat of the disease, and do not secrete the urine; in Retention, the urine is secreted, but the fault is in the bladder, its sphincter, or in the course of the urethra, in which there may be some cause of obstruction, as Stricture, diseased prostate, etc. Suppression may be easily distinguished from Retention, for in the latter disease the bladder is distended with urine, and may be felt so at the lower part of the abodmen; while in Suppression, the bladder is empty and cannot be felt. If it be deemed necessary to introduce the catheter, the diagnosis will be confirmed; in Retention the bladder will be found full, but in suppression empty; the latter condition, however—except in temporary cases, when *Tereb.* will be rapidly curative—is attended with extreme peril, as the elements of urine accumulate in the blood when the kidneys have fallen into disease, and no longer secrete the urine; the patient becomes uneasy, then drowsy, and soon Coma supervenes.

CAUSES OF RETENTION.—(*a*) Obstruction to the outflow may be in (1) the penis, such as tight foreskin, bands round the penis; (2) in the urethra—stricture, congestion with spasm, impacted stone, ruptured urethra; (3) in the prostate—hypertrophic enlargement, new growth, inflammation; (4) in bladder—new growth, stone; (5) outside the neck of the bladder—pressure of tumours, etc.

(*b*) Paralysis, Diseases of spinal cord, injury to brain, hysteria, after operations in region of the perinæum.

(*c*) Loss of tone of bladder from over-distension, cystitis, old age.

SPASMODIC STRICTURE.—Retention of urine sometimes results from Spasm of the *compressor urethra* muscle, which surrounds the membranous part of the urethra; the Retention is sudden and complete, although the patient may have been able to urinate a little time before. The *exciting* causes are—indulgence in drink, holding the urine too long, exposure to cold, etc. Spasmodic Stricture is not likely to occur except in persons already suffering from a slight degree of permanent Stricture, or gleety discharge, or an abnormal condition of the urine.

SYMPTOMS.—Bladder presents a tense swelling in lower part of belly. Pain of a constant character in lower part of abdomen and fork.

TREATMENT.—The occurrence of retention is always a serious event, and relief must be given with as little delay as possible.

Aconitum.—Inflammatory symptoms, often in alternation with some other remedy, especially *Cantharis.*

Camphor.—Spasm at the neck of the bladder, especially if caused by *Cantharides* (a drop on a piece of loaf-sugar every fifteen minutes for three or four times.)

Cantharis.—Urging to urinate; cutting and tearing pains.

Clematis.—Difficult passage of urine; heat or slight burning, with occasional stitches in the course of the urethra while passing water; Stricture of the urethra after repeated attacks of Gonorrhœa, and in cases temporarily relieved by the introduction of bougies.

Nux Vomica.—Painful ineffectual efforts to urinate, caused by the use of wines or spirits; *spasmodic Stricture.*

Sulphur.—In alternation with the last remedy, if the patient be troubled with Piles.

Cann., Tereb., Uva U., Phos.-Ac., Bell., Iod., Ars., Chim., are additional remedies often required.

When congestive spasm is the cause, first try hot baths with the medicines mentioned. If these measures fail the passage of a catheter or drawing off of the urine by tapping the bladder is necessary.

External applications—warm baths, hot fomentations—bland drinks, and injections by the rectum, greatly aid the medicines in restoring the functions of the parts, if there be not incurable organic disease. The diet should be sparing, and in some severe cases, restricted to barley-water, rice-water, or other diluents.

185.—Gonorrhœa (*Gonorrhœa*)—Venereal Disease—The Clap.

Definition.—An inflammation of the lining mucous membrane of the urethra caused by inoculation with a specific virus, the gonococcus.

The word Gonorrhœa means, literally, a flow of semen, and was so named by the older writers, who erroneously regarded the discharge as one of semen. The specific virus contained in the discharge is distinct from that of Syphilis.

Time and Order of the Symptoms.—The disease usually declares itself in from two to eight days after sexual intercourse with an infected person. There is first experienced a tingling or itching sensation with some degree of heat in the urethra, and at the end of the penis, especially when urinating. The orifice of the urethra soon becomes red, swollen, and adhering together by a thin whitish secretion, and, if pressed between the finger and thumb, muco-pus exudes. As the inflammation progresses there are burning or scalding pains on passing water, with increased secretion from the affected part, at first thin, but soon becoming copious, thick, milky, yellow, green, or even bloody. As a rule the penis is red and swollen, and the foreskin œdematous, so that the extremity of the organ is uncovered with difficulty. Not unfrequently the lymphatic glands in the groin are swollen and tender. Distressing sexual symptoms are seldom absent, the inflammatory irritation of the parts inducing increased sexual desire. Painful erections often accompanied by seminal emissions form a characteristic feature of the acutest stage. During this stage, broken rest at night and complications such as are afterwards mentioned are prone to arise. Considering the severity of the local symptoms the general constitution is surprisingly little affected. Apart from slight pallor of the face, loss of appetite, a feeling of malaise, and sometimes at the acme of the inflammation, a trifling rise of temperature, the general condition is hardly impaired.

After the disease has continued for two to three weeks the inflammatory symptoms begin to subside, the secretion becomes thinner and lessened in quantity, until, if all goes well, at the end of five or six weeks the entire process is over. This must be regarded as the normal and most favourable course, but it is liable to many exceptions, and the course of the disorder may be altered in the following ways: (*a*) by an exacerbation or recurrence of the acute inflammation which not infrequently arises from some indiscretion in diet, more especially the use of alcohol, or from sexual excitement. Such relapses may occur again and again, and not only greatly delay recovery, but are often most potent factors in bringing about extension and in causing the disorder to become chronic. (*b*) When the condition becomes chronic there is more or less irritation on passing water and a yellow discharge which under unfavourable circumstances may persist for a long time, and then terminate in an obstinate thin, transparent familiar discharge—Gleet. (*c*) Extension of the inflammation to the bladder, causing cystitis, with frequent desire to micturate, but extreme difficulty and pain in doing so. The urine may contain a few drops of blood. There may be complete retention of urine, from spasm of the neck of the bladder, excited by inflammatory irritation. (*d*) In the male, frequent crooked and painful erections, occurring chiefly during the night—*Chordee.* This condition is caused by inflammation of the spongy substance of the urethra, making it less elastic, and is present in nearly every case of Gonorrhœa during the inflammatory stage, especially at night. (*e*) A thickened and constricted condition of the glans penis, and effusion under it, so that the foreskin cannot be retracted—*Phimosis.* (*f*) *Paraphimosis*—inability to draw the foreskin forward after it has been retracted. (*g*) Inflammation of the lymphatic glands of the groin —*Sympathetic bubo.* (*h*) *Inflammation of part of the testicles—epididymitis*—coming on at a later stage of the disease, when the discharge has nearly ceased, and is probably an extension of the inflammation from the urethra ; it is marked by pain, greatly increased when the organs hang unsupported, excessive tenderness, swelling, fever, and often vomiting. (*i*) Rheumatism. (*j*) Ophthalmia.

CAUSE.—The active agent in the infection is the gonococcus, which can be demonstrated under the microscope in stained smears of the discharge obtained during the acute stages. Rarely a slight urethritis is occasioned by connection with a woman not suffering from gonorrhœa. It is not due to the gonococcus and clears up quickly. Patients most liable to such attacks have a weak constitution, usually a large urethral orifice, and a long narrow prepuce.

Treatment.—In the treatment of this disease Homœopathy offers many advantages; the medicines are safe, pleasant, and effective, sometimes rapidly so; by their instrumentality the patient generally steers clear of all or most of the usual sequelæ; and they do not interfere with the usual comfort, occupation, or health.

Epitome.—

I. *Abortive treatment.*—One of the following injections:—

(*a*) ℞. *Hydrastis* φʒ; Aquæ, ℥vj. M.
(*b*) ℞. *Argenti nitras*, grs. ij.; Aquæ des., ℥viij. M.
(*c*) ℞. *Zinci Sulph.*, grs., viij.; Aquæ des., ℥viij. M.
(*d*) ℞. *Potassi Permang.* (1 : 10,000).
(*e*) ℞. *Calendulæ* φ mxv.; Aq. ℥vi.

II. *Inflammatory Stage.*—Acon., Cann., Canth., Merc.-Cor., Copa., Petrol., Thuja. Also the use of a suspensory bandage.

III. *Gleet.*—Merc., Gels., Nux., Sulph., Agnus Castus, Hydrast, Petrol., Matico., Still., Thuja; also a recourse to the injections, the first-named especially being of great value.

IV. *Balanitis.*—Merc.-Sol., Acon., Hydrast.

V. *Chordee.*—Acon., Canth., Gels., Arg.-Nit., Still.

VI. *Epididymitis.*—Puls., Iod., Acon., Gels., Clem., Merc., Ham., Phyto. The testicles should be supported by a suspensory bandage.

VII. *Prostatitis.*—Bell., Atropine, Merc.-Iod.

VIII. *Rheumatism.*—Colch., Coloc., Ran.-Bulb., Rhod., Rhus., K.-Hyd., Sticta.

IX. *Stricture.*—Puls., Eupat.-Pup., Agaric., Clematis Iod. (See next Section.)

X. *Warts.*—Thuja, Ac.-Nit.

XI. *Phimosis.*—Acon., Bell., Cann., Gels. Also warm baths, wet compresses, etc.

Circumcision may be called for.

Regular and early hours, and good, temperate habits and living, are also necessary to insure successful results.

The patient must place himself on a light and easily digested diet and avoid alcohol in any form or indulgence in violent exercises, such as riding, cycling, etc. The slightest sexual excitement is in the highest degree injurious, and is a frequent cause of retarded recovery. Where it is impossible for the patient to remain in bed the genitals should be supported by a well fitting suspensory bandage, care being taken that this does not press unduly on the penis or perineum. Some arrangement should be contrived for the absorption of the free purulent urethral discharge, such as placing the penis on a little absorbent wool bag, like that supplied by Hartmann's Wood-wool Company.

The patient must remember the highly contagious character of the disease, and the necessity for the most scrupulous care and cleanliness, lest infection be conveyed to others, or the patient inoculate himself in other parts of the body, such as the conjunctiva or rectum. All contaminated dressings should be burnt at once.

Antiseptic solutions to cleanse parts by bathing and so avoid risk of infection, are: *Carbolic Acid* lotion (1 : 80) and *Biniodide of Mercury* lotion (1 : 2,000 to 1 : 5,000).

One of the difficulties in the treatment of gonorrhœa arises from the fact that the patient is very apt to regard himself as restored long before a cure has been effected. So long as the gonococcus is present in the urethral secretion or in the mucous membrane, there can be no question as to the patient's infectivity and his need for further treatment. The detection of the gonococcus in the later stages of urethritis is far from easy, for it frequently happens that the organism is absent from the secretion for days, and even weeks together, and only reappears when the urethra is unusually stimulated from any cause as sexual excitement or indulgence in alcohol. In the intervals the micro-organisms may be lying "perdu" in some of the numerous crypts and follicles with which the urethra abounds.

GONORRHŒA IN WOMEN.—The recognition of the gravity of this disease in women has been tardy. The inflammation rarely remains localized to the site of inoculation, but spreads till it affects the greater part of the sexual apparatus, so that in many cases the symptoms of acute inflammation of the womb and Fallopian tubes associated with pelvic peritonitis are superadded to those of the urethra and vulva. Recent investigations lend support to the view that the former organs rarely wholly escape.

The treatment of this disease in women is surrounded by many difficulties, and is as a rule very imperfectly carried out. In the main it proceeds on lines similar to those laid down in connection with the male. Locally the parts must be kept clean and provision made for the absorption of the copious discharge. Hot sitz baths and the application of fomentations may be employed for the relief of pain. As soon as the patient can tolerate it the vulva and vagina should be copiously irrigated twice or three times a day, with one of the injections mentioned for the male.

We have entered only superficially into the management of this disease; considerations of its difficult nature, its numerous and annoying complications, and the risk of exposing another to contagion, render professional treatment most desirable.

186.—Spermatorrhœa—Involuntary Emissions.

The subject which heads this Section claims our special attention for several reasons, more particularly the following :—The extreme frequency of the complaint ; the moral and physical dejection which it causes ; the too common indifference with which it has been met by the medical profession ;* the damaged health, and exhausted resources, frequently occasioned by charlatans, who find it a fruitful field for plunder ; and lastly, the comparative facility of cure when proper remedies are administered, and a judicious line of conduct fairly persevered in. These considerations meet us on the threshold of the inquiry, and form ample justification for the unusual length of this Section.

DEFINITION.—Involuntary seminal discharges occurring during either sleep, or under various conditions at other times. It is not actually a disease in itself, an occasional involuntary emission is not in the least abnormal, but if the symptom occurs too frequently, or if self abuse is practised, treatment is required.

EXTENT AND EVILS OF THE HABITUAL CAUSE.—We have had considerable opportunities of investigating this subject, the result of which is the conviction that the evils of the above condition are widespread, beyond the credibility of those who have not thoroughly investigated it. The notion that boys are ignorant of the subject, and that we ought not to remove that ignorance, is wholly incorrect. Self-abuse is of such extreme frequency, that it is a question whether even a majority of the youth of all classes of the community do not practise it. The consequences of the habit occasion the deepest mental distress, and too often disqualify the patient for the discharge of the ordinary duties of life. Unfortunately, we find such patients exhibit extreme feebleness in overcoming incitements to sexual vices, inability to control the will being one of the most lamentable results of self-abuse. Instead of exercising mental and physical self-control, patients too often abandon themselves to self-reproaches and despair, and unless rescued by a prompt and strong but kind hand, extreme demoralization is inevitable.

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* This statement has recently been contradicted ; we have, however, abundant evidence of the fact, and therefore we retain the statement.

Our experience forces us to the conclusion that, notwithstanding the magnitude of the evil, the subject has been much overlooked, or underrated, by medical men generally. We are frequently told by patients that medical men appear to ignore the functional diseases of the generative organs, and manifest indifference with respect to the matter. Probably in many cases we have been consulted from an insuperable dislike on the part of patients to confront a medical man in their own neighbourhood on a subject of such extreme delicacy. The whole question, however, demands far more attention from the profession than it has yet received, both on account of the physical and mental suffering involved, and the charlatanism and imposture which professional neglect involves. Numerous cases have come under our notice in which shattered health and exhausted resources have resulted from sufferers falling into the hands of the host of advertising quacks who in large towns prey on patients of this class. Newspaper proprietors, especially provincial, are great offenders against public morality by opening their columns to quack advertisements, and thus prostituting a powerful influence to co-operation with charlatanism.

OUR ALLUSION TO THE SUBJECT.—Since the previous editions of this Manual were published, many patients have expressed to us their regret that they never received any instruction on sexual subjects or warning of the danger of masturbation. Boys, and girls, too, are certain to have their curiosity excited, and if information be withheld, to seek it in improper channels. To suppose that boys who watch animals, and who obtain intimations from literature, and hear the conversation of the immoral, can be kept in ignorance, is evidence of profound want of knowledge of human nature. Better, from every point of view, to furnish proper instruction and warning.

CAUSES.—Spermatorrhœa is most frequently the result of a direct violation of a great physiological law, the habit of sexual excitation—*self-abuse*—either accidentally acquired or learned from associates, as in schools, and subsequently continued under the influence of a morbid imagination, or from the excitement occasioned by impure books or conversation, reports of divorce-court trials, etc., often in ignorance of the consequences of the vicious practice. Schools, especially boarding-schools and colleges, are often fruitful sources of instruction and initiation into this vice. From innumerable frank personal disclosures made to us in our professional capacity, we have ground to conclude that schools are the very hotbeds of this degenerating habit. Other causes may be—morbid conditions of the urethra; irritability of the bladder, as shown by wetting the bed ; Indigestion with constipated bowels, rectal irritation from *Worms*, which occasion scratching or friction ; a too long or narrow prepuce, causing irritation ; frequent excitation of the sexual passion without natural gratification ; sexual excesses ; disease of the brain or spinal marrow.

EFFECTS.—These are often greatly exaggerated in the pamphlets of those who prey upon this class of patients. Nearly all the patients who consult us have previously read one or more of these pamphlets, and have had their happiness destroyed by the alarming and overdrawn statements they contain, every nervous sensation or symptom of indigestion being connected with Spermatorrhœa, as cause and effect. The following are, perhaps, the most common results of this sexual vice :—depression of spirits, often to an extreme degree ; bashfulness and inability to look frankly into the eyes of another, especially of the same sex ; weakness of memory and other senses ; enfeebled intellect ; indecision and loss of moral control, sometimes to such an extent as to render the patient incapable of resisting temptation to the vicious habit ; weakness, with pain or aching in the back ; Indigestion, with oppression after food, Constipation, Flatulence, Palpitation, Headache, cold, damp hands, and moist skin ; spots of Acne on the face ; sunken eyes, with dark rings round, paleness of the face, and loss of the healthy tints of the lips, the patient looking older than his years ; stunted growth, the physical drain checking nutrition, and preventing in early life perfect bodily evolution. These last are the results only of very excessive indulgence. *Remorse* is often so keen and withering as to interpose the greatest barrier to success in the treatment. If indulgences in the habit were commenced early, and have been frequent and long-continued, the physical and mental injury is more serious and general, and no doubt predisposes to Tubercle. Happily, a course of judicious treatment is generally sufficient to effect a cure, and to restore the patient to a life of usefulness and happiness.

PREVENTIVE MEASURES. The sexual instinct in man is strong, and is the means provided by the Creator for the propagation of the race. But the *precocious* development of this passion may be prevented; and when, on account of youth, and other circumstances, its gratification would be imprudent, it may be kept in abeyance by proper measures and correct discipline—the discipline leading to manliness of character, and at the same time better fitting the individual for the duties and enjoyments of mature manhood. The habits of control tend to great moral energy of character, and contribute to a superiority and vigour of intellect which contrasts most favourably with the feebleness of the incontinent. Indeed, we find many patients of the latter class lack sufficient resolution to employ the measures necessary to their restoration, thus rendering our task difficult and tedious. The following suggestions are offered in much confidence, and if faithfully adopted will, in the majority of cases, suffice to prevent sexual vice.

1. *Good physical and mental training.*—The systematic adoption of muscular and mental exercises expends the nervous energy, diverting it from the sexual organs, so that amorous thoughts and propensities become less prominent. The regular practice of gymnastic and athletic exercises, to an extent short of causing excessive fatigue, is of the first importance. Blood is thereby diverted from the internal organs to

the muscles, and while the economy is occupied in repairing the wear-and-tear thus occasioned, semen will be but scantily, if at all secreted. Much of the sexual vice of the present day is chargeable to the neglect of proper recreation, instruction, and amusement, by the young men in cities and towns in their leisure hours. Mental occupations also exercise a like tendency, though, perhaps, to a less degree. Constant and congenial occupation and recreation, bodily and mental, during the hours of relaxation, are indispensable. As just stated, the greatest danger arises during the hours of leisure, for if the mental and physical powers are not then employed, the mind is almost sure to be occupied with sexual thoughts. To a considerable extent the habits we are considering have arisen from young persons having had no object of pursuit when the ordinary work of the day was over.

Besides preventing the formation of a vicious habit, constant and congenial physical and mental occupations are necessary in most cases to the maintenance of a strictly *continent* life, and we recommend them as infinitely preferable to occasional illicit sexual intercourse. We are sorry to find from the testimony of patients that some medical men recommend sexual intercourse to the unmarried. Viewed medically, we think this most unwise, for such intercourse stimulates without satisfying the sexual passion, and at the same time exposes the individual to diseases of the most disgusting and baneful character. Diligent cultivation of the will, the practice of regular and healthy exercises and gymnastics, suited to individual peculiarities, are sufficient to preserve continence. Fashionable and idle habits are the great cause of solitary vice on the one hand, or of venereal excesses and diseases on the other. The establishment of systematic exercises at home and in schools—athletic sports, gymnasia, etc.; libraries, literary and scientific institutions, including the instructive and interesting experiments in chemistry, electricity, mechanics, and other sciences; the study of botany, geology, etc.; all these are highly useful, for they preoccupy the mind, and so prevent loose thoughts and habits.

2. *Avoidance of stimulants and luxurious habits.*—The too free use of meat, highly-seasoned dishes, coffee, wine, late suppers, etc., strongly tend to excite the sexual desire. Most persons in health, enjoying ample means, eat and drink too much. Strict temperance, both in eating and drinking, is a great preventive. Soft beds and too much sleep are also to be avoided.

3. *Direct instruction and caution.*—At the age of puberty or earlier, the young of both sexes should have the fundamental facts of sex simply and clearly explained, and their questions answered. Then the description of the dangers of self-abuse follows naturally and children so taught are never likely to fall into bad habits.

When there are any symptoms, a careful examination should be made, and the actions closely but unobtrusively watched. An examination of the linen generally affords conclusive evidence in the case of boys; the genital organs of these patients, it may be noticed, too, receive an undue share of their attention. If the practice be found to exist, its discontinuance must be made imperative, and the dangers pointed out that will inevitably follow a persistence in the habit. The delicacy of the subject must never be allowed to operate as a barrier to an important duty. The patient should be constantly watched during the day till he falls asleep at night, and be required to arise directly he wakes in the morning. In confirmed cases, the night-dress should be so arranged that the hands cannot touch the genital organs.

4. *Important precautions in the management of the young.*—Under no circumstances should nurses ever be permitted *unnecessarily to handle or expose the genital organs of children,* and children should be taught at the very earliest period that it is undesirable to handle the parts. *Flogging on the buttocks* should be also avoided, for it is calculated to excite precocious sexual sensations. The effect is of a reflex nature, and there is ample evidence that it tends strongly to excite the sexual instincts. In schools, as well as at home, *every boy should have a separate bed.* The neglect of this important advice is a frequent cause of bad habits being taught and practised. In addition to a separate bed, he should be able to dress and *undress apart from the observation of others.* The necessary privacy may be secured by partitions placed between the beds, but not extending up to the ceiling, so as to interfere as little as possible with the ventilation. One of the few articles necessary in the sleeping-room is a *sponge-bath.* This, with a good-sized piece of honeycomb sponge, and a large towel or sheet, complete the outfit. The regular daily use of the sponge-bath, according to the suggestions given in Section 11, conduces greatly to the cure or prevention of Self-abuse.

If the habit has been acquired, and any of the effects already stated developed, a proper course of treatment will usually suffice to restore the health, *providing the habit be relinquished.* The best homœopathic doctor within reach should be consulted ; or if there be none near, one should be consulted by letter. Under any circumstances all advertising quacks, and all advertised quack medicines, should be avoided. Hundreds of cases have come under our care with damaged health and exhausted purses, from failing into the hands of advertising quacks.

TREATMENT.—This must be both medical and hygienic, and include all available methods for establishing the constitutional strength, soothing excitement, removing local causes of irritability, and forming healthy habits both of mind and body.

The *medical* treatment involves the administration of homœopathic remedies, only a few of which are described in this work—*Agnus Cas.*, *Bary.-Carb.*, *China*, *Canth.*, *Phos.*, *Plat.*, *Ign.*, *Ac.-Phos.*, *Gels.*, *Staph.*, *Iris.*, *Nux V.*, *Sulph.*, etc., the selection and doses of which can only be determined by the local and general symptoms of individual cases. Amplitude of resources are pre-eminently necessary in the successful management of this affection. (*See Materia Medica.*)

Although alone insufficient, the treatment by appropriately chosen drugs has often a marvellous power in speedily correcting the most distressing cases that come under our notice; but it would far exceed the limits of this work to state the indications for the various remedies that are prescribed in this affection.

The *hygienic* treatment must be considered from a high standpoint, and include the commercial, social, and moral relationships of the patient—occupation, recreation, literary tastes, and mental and moral discipline; diet, sleep, bathing, etc. The circumstances of each patient should be diligently investigated, and the management strictly regulated accordingly.

CHAPTER X.

DISEASES OF THE DUCTLESS GLANDS.

DUCTLESS GLANDS.—Besides the glands which possess ducts opening into canals of the body (*e.g.*, liver, pancreas) there are a number of glands whose secretions (hence called Internal) pass direct into the blood stream. Of these the most important are, thyroid, adrenal, pituitary, para-thyroid, and it must further be noted that the liver and the pancreas and the ovaries and testicles possess internal as well as external secretions.

These internal secretions influence life profoundly. One or more of them is liable to be affected in almost any sickness, and there are certain diseases which can be associated definitely with failure or excessive function of some one or other gland. The most important of these diseases are briefly discussed in the following pages.

187.—Myxœdema and Cretinism—(*Hypo-thyroidism*).

There are certain circumstances of unknown origin by reason of which the Thyroid gland ceases to function. The result is Myxœdema or Cretinism, the first being a disease of advanced life, the second of early years.

Cretinism may be congenital, the gland being absent. More commonly it atrophies after one of the fevers. Where goitre (*q.v.*) is endemic, cretinism occurs; the gland is enlarged in these cases, but not functioning.

SYMPTOMS OF CRETINISM.—The child (in a congenital case) is mentally slow or deficient. The tissue is thin and the skin dry. The face is pale and the eyelids are puffy, the whole body gradually acquires a swollen appearance. The fontanelles remain open; there is great muscular weakness. Imbecility is the rule in regard to the mental condition. If Cretinism follows fever or goitre these symptoms appear in individuals who may till then have been bright and well developed. The words stunted growth and feeble mind sum up the condition.

SYMPTOMS OF MYXŒDEMA.—This is a disease of adults, much more common in women than in men, but not related to menstruation or pregnancy. The general bulk of the body increases, the skin is swollen in a firm inelastic way, which does not pit on pressure, and is dry, rough and non-perspiring. The hair falls off. The features become thick and shapeless, and the gait heavy and slow. Temperature is often subnormal and patients feel the cold excessively. The mental condition is one of stupidity and slowness, with slow, hesitating, toneless speech and defective memory. Dementia with delusions may supervene. The sufferers are very liable to tuberculosis, which generally kills untreated cases. Post mortem the thyroid gland is found atrophied. The whole bodily energy is reduced by twenty to forty per cent. It is a slow progressive disease and may last for years. It may follow Exophthalmic Goitre (*q.v.*).

Treatment is as certain and successful as in any known disease. The absent gland secretion can be supplied by giving the dried gland of the sheep. One grain three times a day is enough at first, and the dose can be increased if necessary, but it is as well not to be in a hurry to increase it. Under its use improvement is rapid and a return to normal bodily and mental health almost invariable. If cases are recognised early, before the gland is quite atrophied, the renewed vigour seems to stop the atrophying process and after health is restored only small doses are needed to maintain it. But it is virtually never possible to do without occasional supplies, and congenital cretins cannot do without regular dosage.

Patients with tendency to myxœdema or Cretinism should be kept warm. Massage is useful. The drugs most likely to be of service are *Calcarea Carb.*, *Arsenicum*, and *Tuberc. Bov.* These are not likely to do much without Thyroid, but can supplement its action efficiently.

188.—Hyperthyroidism—Exophthalmic Goitre.

In this disease the thyroid is over active. Cases of all degrees may be met with. Acute infection, worry, shock, nerve strain, all seem to play a predisposing part and the tendency to this disease runs in families.

SYMPTOMS.—Acute cases are known but are rare. Usually the onset is gradual. The pulse rate rises to 120, 140 or more, with visible pulsation of vessels. The face is flushed and erythema is common. The thyroid gland enlarges as a rule; the swelling is firm and elastic. A double murmur may be heard by the stethoscope placed on the gland. The eyeballs protrude, and the eyelids retract (Exophthalmos). Tremor is an early symptom affecting the hands chiefly. Anæmia, emaciation, occasionally fever, vomiting and diarrhœa, are all possible symptoms. Myxœdema may follow this disease. The body output of energy is increased.

TREATMENT.—The disease may disappear spontaneously, even after lasting for months.

When advanced cases have resisted medicine it is right to consider removal of part of the gland, which is often a successful procedure. X-ray applications have helped now and then. Simple diet without stimulants and a very quiet, restful life are essential. Medicinally, in acute and recent cases *Belladonna, Glonoin, Veratrum Viride, Lycopus Virg.*, give great relief to symptoms and sometimes permanent amelioration. In more chronic cases, *Spongia, Spigelia,* especially when heart symptoms (pain and palpitation) are prominent, should be thought of, but cure has more often resulted from careful case working-out with single doses and high potencies.

The drugs oftenest used in chronic cases in this way are *Natrum Muriaticum, Sulphur* and *Sepia.*

189.—Goitre.

This is a chronic enlargement of the Thyroid Gland, attacking women more often than men and occurring about puberty generally. The cause is obscure; it has been considered as due to excess or deficiency of some mineral constituents in the drinking water, or to a specific micro-organism as yet unidentified. Possibly the last is the essential and the other a contributory cause. Goitre is very common in certain districts, Oxfordshire, Derbyshire, parts of Switzerland, Pyrenees, etc., and in all goitrous districts water tends to be hard, rich in lime and magnesia, and poor in iodine.

The enlargement of the gland in simple goitre does not mean over activity as in exophthalmic goitre. Generally, indeed, the gland secretion seems lessened and enlargement may sometimes be compensatory. There are few symptoms beyond the enlargement, and occasionally, pressure symptoms, cough and dyspnœa. Many cases spontaneously recover. Large tumours or those causing pressure can be sent to the surgeon if medicinal measures fail, but *Iodine, Kal.-Iod.* and *Spongia* (*i.e.,* Iodine in some form) are very often successful, and this suggests that failure to absorb Iodine or (less likely) Iodine deficiency, is a cause of the disease. Apart from *Iodine, Lapis Albus* has a well deserved reputation, and if any symptoms can be obtained pointing to a deep-acting remedy, it should be given. Perhaps *Lycopodium* is the most likely to help. X-rays have been successfully used.

190.—Tetany.

Beside the Thyroid gland are two pairs of small glands called Parathyroids. They control the dealings of the body with Calcium (lime). When this is interfered with by disease of these glands, the nerve muscular system becomes over-excitable, and spasms of muscles of the extremities occur. This condition is Tetany.

The disease may be epidemic, may follow infections. In adults gastro-intestinal symptoms are common, and the fundamental cause may be an intestinal toxæmia acting specially on parathyroids. In children it is common with rickets (*q.v.*), and other nutritive disorders (see Laryngismus Stridulus).

Symptoms.—The spasms are the characteristic feature. The arms are flexed across the chest, the two last finger-joints extended and the first joints flexed. The thumb is flexed into the palm. There is plantar flexion of feet and toes, and the legs are extended. Other groups of muscles may be involved in face or elsewhere; spasm of the larynx is possible; pain is rare. The liability to spasm may persist for days or weeks.

Children generally recover. In adults peri-nuclear cataract has followed a prolonged attack.

Treatment.—During the attack, cool baths or cold sponging, or sometimes very hot sponging relieve, and *Belladonna* or *Nux Vomica* should be given. Between attacks the remedy most likely to help is *Calc. Carb.* Rare doses of high potencies should be tried, for although non-homœopathists prefer five to fifteen grains of *Calcium*

Lactate frequently and persistently, the disease seems associated, not with *Calcium* deficiency, but with inability to handle Calcium, and the stimulus of a potentized drug is more likely to be effective than that of a massive dose.

191.—Acromegaly.

In the skull, beneath the brain, lies the Pituitary Body. It has an anterior and a posterior portion. The secretion of the anterior influences growth and development, and is essential to life; the posterior influences the body's dealings with carbo-hydrates and fats. Extracts of the gland raise blood pressure greatly.

When the gland secretion is in excess (hyper-pituitarism) gigantism or abnormal growth of long bones occurs if the epiphyses have not become ossified before the disease occurs. In adult life the condition resulting is that known as acromegaly. It is rare, more common in women, and is often associated with large size.

SYMPTOMS.—The bones enlarge—hands and feet become huge, and the involvement of bones of the face gives a characteristic appearance. Headache (frontal) is usual, and somnolence and often glycosuria (early). Pressure symptoms affecting the base of the brain may occur. Later there is apt to be decrease of the internal secretion (hypo-pituitarism), and this (however caused), leads to deposit of fat, subnormal temperature, slow pulse, and a very high tolerance for sugars. Mental symptoms are not uncommon; goitre may be seen. It should be observed that the secretion of the posterior part of the gland passes into the cerebro-spinal fluid, so that any cause interfering with the movement of this may cause pituitary symptoms.

TREATMENT.—Gland extracts have proved a failure.

If any deep acting remedy is indicated, that will be the most hopeful line of treatment. *Phosphorus* should be tried if no clear symptoms of other drugs are found.

192.—Primary Spleno-Megaly—(*Bantis Disease*).

This is a primary disease of the spleen, leading to enlargement, anæmia, hæmorrhage, and later to enlarged liver, jaundice and ascites (fluid in abdomen). The cause is doubtful ; malaria or syphilis may predispose to it.

SYMPTOMS.—It is a very chronic disease. The enlarged spleen is the first symptom to appear. Little or no pain is present ; no glands are enlarged. Anæmia follows ; red corpuscles may sink below half of the normal, and white corpuscles are diminished. There are no cell changes in the blood. Bleeding (especially vomiting of blood) sets in and later the liver enlarges and jaundice and ascites appear.

TREATMENT.—*Carduus Marianus* in tincture, and *Ceanothus* should be given a good trial, unless any drug is clearly indicated. *Phosphorus* is likely to help and *Crotalus* in the hæmorrhagic stage. Removal of the spleen has been successfully performed, and unless medicinal treatment is remedial, it should not be too long delayed.*

193.—Addison's Disease.

Above the kidneys lie the adrenal glands. When they are destroyed or diseased (generally by tuberculosis) Addison's disease occurs. It is rare.

SYMPTOMS.—Great debility, feeble heart action, pigmentation of skin, and vomiting. The secretion of the gland helps to maintain the tone of arteries, so in its absence, low tension occurs. Loss of appetite and diarrhœa are usual as well as vomiting The pigmentation is peculiar, giving rise to dark patches on face, hands, or elsewhere. The disease is seldom very prolonged, and recovery is rare.

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* There are other causes of spleen enlargement, but they are nearly all cases so severe as to demand early professional treatment.

TREATMENT.—*Adrenalin* should be tried, but seldom helps much. *Tuberc. Bovin.* should be given, and *Arsen.*, *Arg.-Nit.*, *Natr.-Mur.* seriously studied for symptoms. In non-tubercular cases, intestinal toxæmia should be considered, as a cause, and vaccine tried.

194.—Status Lymphaticus.

The thymus gland is a gland of childhood and should disappear after puberty. Its function is obscure, though related to development of the sexual glands, when it persists or is enlarged, the Status Lymphaticus is present. In it patients are liable to sudden death (there is especially danger from anæsthetics), susceptibility to acute infection is increased, and there is a psychical instability with tendency to drug habits.

Children with increased thymus are fat, with enlarged tonsils and adenoids. The enlarged thymus may cause a shadow under X-rays. Later the symptoms are: soft, delicate skin, slender general growth (of feminine type in boys), poor hair development and poor development of sex glands.

TREATMENT.—Sugar and starch should be cut down in diet; green vegetables and fruit are important. X-ray may be tried. Medicinally *Calc.-Carb.* in young children and *Phos.* and *Tub.-Bov.* later would seem the best indicated, but each case should be studied for its own symptoms.

CHAPTER XI.

DISEASES OF THE CUTANEOUS SYSTEM.

195.—Erythema—Inflammatory Redness of the Skin.

DEFINITION.—Hyperæmia of the cutis, manifesting itself by superficial redness or blush of the skin without swelling or breach of continuity.

Erythema, especially if chronic, is sometimes due to stomachic derangement ; *flushing of the face after meals* is a common erythematous symptom.

There is no marked itching ; nor heat, tension, burning, or exudation, as in erysipelas, for which it is sometimes mistaken.

EPITOME OF TREATMENT.—

Bell. (*simple* redness) ; Acon. (*febrile disturbance, and flushing of the face from excitement*), Apis, Rhus, K.-Bich., Nux V. (*flushing after food*), Bry., Mang., Ferr., Ars., Ran.-Bulb.

ACCESSORY MEASURES.—Regular open-air exercise ; sufficient time for, and freedom of the mind during meals ; simple food ; and the free use of water internally and externally. Where there is pain, a compress moistened with Goulard-water relieves.

ERYTHEMA NODOSUM.—There is a form of Erythema known by this name, and associated with Rheumatism. The spots are sometimes as large as a walnut, and raised above the surface. They occur generally on the shins, rarely above the knee, and are accompanied often by pain. *Apis.*, *Rhus*, *K.-Bich*, are most likely to be useful, but the general condition must be treated.

196.—Intertrigo—Chafing—Soreness of Infants.

Definition.—Redness and chafing produced by the friction of two folds of skin, especially in fat children and adults; it is seen in the groin, axilla, and neck; sometimes a fluid is exuded, the acridity of which increases the local mischief, and presently an offensive raw surface is produced.

Epitome of Treatment.—

Cham. (*in infants*); Calc.-C. (*tubercular children*); Lyc. (*obstinate cases*); Merc. (*rawness and great soreness*); Sulph. The parts should be *well washed with cold or tepid water, and carefully dried*, two or three times a day; a piece of linen, saturated with *Calendula-lotion*, may be laid between the opposed surfaces; or, in bad cases, a lotion composed of one part of tincture of *Hydrastis* to ten of *Glycerine* may be applied in the same manner.

Dusting the chafed parts with a fine powder consisting of equal parts of powdered *Lycopodium* seeds and *Oxide of Zinc*, or of Fuller's earth, is very useful.

197.—Urticaria—Nettle-Rash.

Definition.—A transient, non-contagious affection, characterized by an eruption of prominent patches or wheals, either redder or whiter than the natural skin, of regular or irregular shape, with heat, tingling, and itching, more or less severe. In patients subject to this disease there is often a condition of lowered blood coagulability and the administration of lime salts in such cases will relieve.

VARIETIES.—Urticaria may be acute or chronic. The acute form may be accompanied by fever and sometimes will alternate with attacks of asthma.

SYMPTOMS.—Similar to or more intense than those produced by nettle-stings. The eruption consists of elevations, occurring in streaks or wheals of an irregular shape, on a red ground ; the character of the rash becomes much more marked after scratching or rubbing, " so that it is possible, by using the nail of the finger, to write one's name on the skin ; " it is generally worse in the evening, and when the body is exposed to cold air. There is much tingling and burning, and often the eruption, after disappearing suddenly from one part, shows itself in another. " In the Urticaria from irritant food—hyperæmia and burning heat are present in the most aggravated form " (*Wilson*). The spots contain no fluid, and do not end in desquamation. It is most common in spring and early summer, is not contagious, may occur at any age, and in the same person repeatedly.

CAUSES.—Derangements of the digestive organs, following the use of some particular kinds of food, among which we may specify shell fish, tinned foods, acid fruits or other articles of diet for which the patient has an idiosyncrasy ; and certain kinds of medicines, such as *Cubebs Copaiba, Valerian,* etc. It may also occur after the injection of serums, *e.g.*, anti-tetanic serum, and is then associated with a group of symptoms to which the name " Serum Disease " is given. Also mental depression, anxiety, defective innervation, and sometimes, according to Hebra, uterine irritation. The skin being extremely sensitive, it is easily excited by external irritants—such as the wearing of flannel next the skin, the bites of fleas, the sting of bees, etc.

Chronic, also intermittent, Urticaria is frequently associated with uterine or other diseases, and is often very obstinate. Cold, damp, rapid changes of temperature, and Dentition, favour its development in patients predisposed.

EPITOME OF TREATMENT.—

1. *Simple Urticaria.*—Apis., Urt.-U., Acon., Chlor.-Hyd.

2. *From Gastric Disorder.*—Ant.-C., Nux V., Puls.

3. *From cold.*—Acon. (*from draughts and cold winds*); Dulc. (*from damp*).

4. *Associated with other affections.*—Bry., Cimic., Rush (*rheumatic patients*); Colch. (*gouty subjects*); Ars., Ipec. (*Asthma*); Puls., Hydras. (*uterine irregularities*).

5. *Chronic cases.*—Ars., Chin.-Sulph. (*intermittent*); Apis. Sulph., Chlor.-Hyd.

6. *Special Symptoms.*—Acon. (*febrile disturbance*); Chlor.-Hyd. (*appearing when warm in bed*); Bry. (*sudden retrocession*); Ign., Anac. (*mental depression* and *confusion*); Coff. (*sleeplessness and nervous irritability*).

ACCESSORY MEASURES.—A general *warm bath* is invaluable; it soothes the skin and often cures at once. When the eruption is thoroughly out, the heat and irritation may be materially alleviated by smearing the whole surface of the body with lanoline, or the parts may be rubbed with slices of lemon.

HYGIENE.—A dry, uniform, and moderate temperature; plain food; plenty of open-air exercise; great cleanliness. Draughts, changes of temperature, indigestible food, and all exciting causes must be removed and avoided. If flannel be worn it should be over a garment of a different material.

198.—Prurigo—Itching of the Skin.

DEFINITION.—"A chronic affection of the skin, characterised by a thickened and *discoloured state* of the surface, with *excessive itching,* and, generally, an eruption of *papulæ.*"

SYMPTOMS.—*Intense itching,* and creeping sensation; patients scratch and tear themselves till the blood flows; their sleep is frequently disturbed, and their existence is thus often rendered almost unendurable; or the impulse to incessant scratching is so powerful as to induce the patient to seek seclusion. Sometimes the itching is diffused irregularly over the surface; at other times it affects the extremities; frequently it occurs round the anus, or on the scrotum, or on the female genitals. It is often a horrible and most obstinate disease.

CAUSES.—Prurigo is specially apt to occur at the two extremes of life and is probably a blood disorder with irritability of the nerve endings in the skin. Irritation of the alimentary tract by improper food is liable to commence the disease and it is greatly influenced by unhealthy surroundings. In uncleanly persons it may be associated with scabies or pediculi. It may predispose to some existing chronic disease.

TREATMENT.—*Aconitum.*—Furious itching all over the skin, with *febrile symptoms.*

Sulphur.—Severe itching, attended with thirst and *dryness of the skin,* worse in the evening, and *in bed.* This is generally a prominent remedy, and it is frequently specific, especially in recent cases.

Arsenicum.—Itching with *burning*; or an eruption emitting watery fluid like sweat, and attended with much constitutional *weakness.* It is most suitable in *chronic* cases.

Ignatia.—Itching of the skin, of a fine pricking character, resembling flea-bites, and changing from one part to another.

Other remedies are sometimes required:—*Merc.*, *Dolichos*, *Fagapyrum*, *Carbo V.*, *Rhus*, *Mez.*, *Apocy.*, *Caust.* *Radium* produces most intense itching, and *Radium* will sometimes effect a striking cure in this disease, either in potencies or by local application in the hands of an expert.

ACCESSORY MEANS.—The skin must be strengthened by wholesome and regular diet, frequent exercise in a bracing air, and *daily ablutions with cold or tepid water*, shower-baths, etc. Without these measures medicine will be of little permanent use. Stimulating food or drink, pastry, rich sauces, pickles, and indigestible food generally, must not be indulged in. The use of ointments is generally injurious. Scratching must be avoided. In severe cases, temporary relief may be obtained by bathing the parts with alcohol and water in equal proportions; or with *Mezereum lotion* (one part to ten of water); or by sponging the skin, on retiring to bed, with a warm infusion made by pouring boiling water on bran.

The Wet Compress.—Prurigo, if confined to one or two places, is much benefited by the constant use of a wet compress over the affected part; for although it often increases the irritation at first, it finally assists nature in expelling the morbid matter.

SCRATCHING.—Notwithstanding the incentive to scratching in Prurigo and other skin affections, the practice greatly aids in keeping up the irritation and increasing the disease. On this point the following remarks by Dr. Tilbury Fox will express a condition we have often observed:—

"When the disease is *non-contagious*, secretion, if present, may be transferred (by scratching), and, when acrid, set up local inflammation; and, when *contagious*, scratching is the surest method of inoculation, as in the case of the contagious Impetigo or Porrigo. Children in this way transplant the disease from the head to various other parts of the body. Mothers, beyond a doubt, get it about their hands from children."

199.—Lichen.

DEFINITION.—A non-contagious chronic disease of the skin, characterized by the appearance of small hard papules, about the size of millet seeds, uniform, slightly red, or of the same colour as the skin, closely grouped, but distinct from each other; there is itching, and the skin is generally dry and thickened. When disappearing very fine, dry, greyish scales are formed.

The disease appears on different parts of the body, but generally on the front of the fore-arms and hands, and on the inner aspect of the knees.

VARIETIES.—*Lichen simplex*—occurring in summer; *L. pilaris*—the follicles of the hair being the seat of the affections; *L. circumspectus*—the pimples being grouped in small circular patches, with a well-defined border, sometimes with a clear centre; *L. agrius*—the most serious form of the disease—is seen in grocers, bakers, bricklayers, and washerwomen, sometimes called "baker's itch"; the pimples are very close, red, inflamed, and have a secretion, with intense itching and burning, febrile symptoms, pains in the limbs, gastric derangements, etc., and lasting, in the acute stage, ten or fifteen days; or *L. tropicus*—"prickly heat," which occurs chiefly in hot climates, attacking the parts covered by the clothes, accompanied by a peculiar tingling and pricking; the papillæ are of a vivid-red colour, about the size of a pin's head, but there is no redness of the skin generally; the disease sometimes occurs in this country.

CAUSES.—Constitutional predisposition; irregularities in habits or diet; certain occupations, as those of cooks, bakers, grocers, etc.; hot weather or climate.

EPITOME OF TREATMENT.—Sulph. (*simple*); Ant.-Crud. (*with digestive derangements*); Apis *or* Led.-P. ("*prickly-heat*"); Ars. (*L. agrius; chronic cases*); Nux Jug., Sulph.

ACCESSORY TREATMENT.—Simple, unstimulating food and drink; proper attention to the general health. The daily tepid or cold bath is both preventive and curative of "prickly heat." It is seldom seen on the face, neck, and hands of persons who frequently wash those parts. See "Causes," and also "Accessory Measures," in the two previous Sections.

200.—Strophulus—Red-gum—Tooth-rash.

VARIETIES.—Strophulus may be red or white. *Red strophulus* (*red gum*) begins as red blotches, each slightly elevated in the centre; the redness soon fades, and the central elevation enlarges and forms a flattened pimple. They occur on the face, neck, arms, and may even extend over the whole body. *White S.* consists of pearly, white, opaque pimples, smaller than the preceding—about the size of a pin's head, usually on the face and arms.

CAUSE.—This is a disease of infants. The appearance of Strophulus, as of Nettle-rash, on the body of an infant is certain evidence of *unsuitable diet,* and of derangement of the digestive functions. It is also most frequent in children who are kept too much in hot rooms, and excluded from the fresh air.

TREATMENT.—*Chamomilla.*—This remedy is generally the best, and is often sufficient. A dose thrice daily.

Ant.-Crud.—Associated with *Indigestion,* white tongue, etc. *Puls.* may also be required under like conditions.

Calc.-Carb.—With *chronic Acidity.*

ACCESSORY MEANS.—The regulation of the diet; abundance of fresh air; clothing sufficient to protect the body from cold, and, at the same time, permit of the access of air to the skin; and daily use of the cold or (at first) the tepid bath. Favourable hygienic conditions are necessary in every case, or medicine will prove inefficient. Local irritation from teething, acidity, etc., should be corrected.

201.—Pityriasis—Branny Tetter.

DEFINITION.—A superficial cutaneous affection, in which there is desquamation—the skin falling off in whitish bran-like scales. Also more or less redness, itching, and heat.

TREATMENT.—*Arsenicum* is generally homœopathic. A dose may be given thrice daily. *Graph.* or *Lyc.* may be given if *Ars.* be not sufficient.

ACCESSORY MEANS.—Frequent baths, check the formation of scales. As an application, Glycerine-of-borax is often of great service.

202.—Psoriasis—Lepra Vulgaris—Dry Tetter.

DEFINITION.—A non-contagious, cutaneous affection characterized by well-formed, dry, and whitish scales, without vesiculation or pustulation, accompanied by cracking of the skin, and having a disposition to recur.

The general health is not appreciably affected, there being few if any symptoms beyond slight itching, which is worse at the commencement.

VARIETIES.—In the common form of Psoriasis there are whitish minute spots, made up of dry, silvery-looking scales, heaped together on tawny-red patches of skin about the extensor aspects of the elbow and knee, and other places where the bones are near the surface (*P. vulgaris*) ; when the spots are larger, they resemble drops of mortar, and are found on the breast, back, and limbs (*P. guttata*) ; then the eruption may be more developed, and extend over a larger surface, sometimes covering an entire limb (*P. diffusa*) ; when the eruption runs together in a serpentine form, the scales are thin, and quickly reproduced (*P. gyrata*) ; when the scales are large, dry, and adherent, and the patches thickened and cracked, a slight discharge may occur, causing scabs—this is the chronic form (*P. inveterata*), but none of these are real varieties, only descriptive names.

Psoriasis progresses by an increase in the size and number of the patches, and their extension along the extremities to the trunk. On the other hand, the cure of the disease is marked by diminution of the scales, and more full exposure of the surface beneath, until gradually the eruption disappears, leaving little or no trace of its former existence. It is sometimes, however, a most obstinate disease.

CAUSES.—Psoriasis occurs in persons apparently in good health, but who are probably suffering from some form of defective nutrition, as too rapid growth, bad-living, over-study, anxiety, prolonged lactation, etc., especially where a disposition, often hereditary, exists. The frequent use of stale dried fish, and the want of fresh unboiled vegetables, are probably frequent causes. There is some evidence that constitutions more susceptible to Tubercle are more liable to Psoriasis.

TREATMENT.—Merc., Iod., Ac.-Nit., Iris, Sulph., Lyc., Nux Juglans, Nux Ciner., K.-Hydriod., Petrol. (*obstinate cases, scaly patches with deep fissures*); Ac.-Carbol., Teuc., Ars. (*chronic and inveterate cases*). *Ars.* is an excellent remedy, and may be given for two or three months in gradually increasing doses. Veterinarians give this drug freely to horses, and it causes great improvement in their coats.

ACCESSORY MEANS.—*Local.*—Warm baths; preparations of *Glycerine* (see Sec. 27), if the skin be much cracked, or occasional poultices if it be very hard. The application of the ointment of the *Iodide of Sulphur*, or an ointment of *Liquor Carbonis Detergens*, often proves most useful in Psoriasis. It should be preceded by a warm bath. The ointment of *Chrysarobin* is almost specific in removing Psoriasis, but as with all skin diseases it is very important to treat the case constitutionally as well as locally. Merely to get rid of the external appearance is not necessarily to cure the disease, of which the eruption is a symptom. *General.*—Nourishing diet, including frequent small quantities of unboiled vegetables; for growing persons, Cod-liver oil (see Sec. 22), except when stale fish is the cause. Any defects in the functions of digestion and assimilation should, if possible, be corrected. Patients who have been overtaxed in mind or body should have rest and change. The daily habit of *bathing* or *cold sponging* should be adopted, and will, to a large extent, prevent relapses. Warm and tepid soft-water baths, with the use of *pure soap*, at bedtime, softens the scales, and promotes the healthy functions of the skin. Free *out-of-door exercise* is also most useful, and favours the healthy action of the lungs, liver, and the whole of the digestive organs.

203.—Herpes—Shingles.

Definition.—*Large vesicles*, or small blebs, distinct from each other (not confluent as in Eczema), occurring in patches on different parts of the body, having an inflamed base, and containing fluid,—at first clear, then milky, afterwards quickly disappearing,—and ultimately shrivelling, leaving scabs, or being ruptured, then dry up into light-brownish scabs.

Varieties.—*H. zoster* or *zona*, commonly called *Shingles*—derives its name from its manner of encircling one-half of the body. It is an acute disease, lasting from fourteen to twenty days, and follows the course of one or more of the cutaneous nerves, generally stopping short in the middle, and has the appearance of a line of patches, like a belt half round the body. It generally affects the trunk, chiefly on the right side, but occasionally the face, shoulder, abdomen, or upper part of the thigh. Ordinary, simple Herpes frequently appears on the lips of persons suffering from pneumonia, Intermittent Fever, Ephemera, and epidemic Cerebro-spinal Meningitis, and often in the course of a common cold. It is most common in the young, particularly during change of weather, and is often preceded by neuralgic pains, the eruption following in the same locality. In some rare cases, Ulceration may supervene; there may be much pain, smarting, or burning; and the scars may remain for some time. *Herpes zoster* is due to an irritation of one of the ganglia of the spinal nerves, and it is preceded, accompanied, and often followed by agonising neuralgic pains. Zona is much dreaded, and uninstructed nurses foolishly state that if the patches extend round the body death is certain to result. There is, however, no danger unless the patient be very old and feeble. It has been found recently that it is in some way connected with exposure to cases chicken pox.

GENERAL SYMPTOMS.—In addition to what is stated above, there is often a feeling of *malaise*—feverishness, Headache, shivering—and, perhaps, neuralgic pain in the side, which may be very acute, especially in Shingles. The disease is mostly accompanied by sensations of heat, tension, and burning, felt even before the appearance of the eruption, and is followed by weakness and depression. When the disease occurs in the aged, or in persons of feeble constitution, there is much debility, and Ulceration may arise, further debilitating the patient.

CAUSE.—*Irritation of the nerves*—as when Catarrh affects the air passages, and Herpes is developed on the nose or lips; or during the course of other diseases.

EPITOME OF TREATMENT.—

1. *Earliest symptoms.*—Acon. (*with neuralgia consequent on anxiety*, etc.).

2. DEVELOPED HERPES.—Rhus (*in all simple cases*); Sulph. (*to follow* Rhus *if necessary*); Ars.; (*Neuralgia and in debilitated constitutions*); Phyto., Graph. (*ulcerating conditions and in old persons*); Phos. (*tubercular patients*); Tellur., Phos., Sep. (*Herpes circinnatus*).

3. *Pleurodynia.*—Ran., Bulb.

4. *Additional Remedies.*—Mang., Staph., Cist., Nat.-Mur., Comocladia, Mezer.

ACCESSORY MEASURES.—The daily bath; plenty of out-of-door exercise; and the "Accessory Measures" suggested in Section 91. Locally the patches must be protected by cotton-wool and starch powder. An alcohol compress relieves pain sometimes.

204.—Eczema—Catarrhal Inflammation of the Skin—Scalled Head—Milk-crust.

DEFINITION.—Eczema is essentially a Dermatitis or catarrhal Inflammation of the skin characterized by more or less superficial *redness*, of small *closely-packed vesicles*, usually not larger than a pin's head, which run together, burst, and pour out a *serous fluid*, that dries into thin yellow crusts. The exuded fluid has the property, when dried, of stiffening linen, which distinguishes this from other skin diseases. Pain, smarting, or itching, are also present.

Eczema is one of the most common eruptions, constituting one-third or more of all skin affections; it lasts a varying time, in consequence of successive local developments, and its tendency to spread. After its disappearance no traces are left of the disease.

SYMPTOMS.—The most usual is a red surface with vesicles or fissures from which the serous fluid exudes. A great plane of interwoven capillaries renders the skin very vascular, and gives rise to a copious exudation. The deeper layers of cuticle, including that lining the sweat ducts, appear most implicated. The vesicles *appear in successive* crops, may prolong the disease for an indefinite time, and are attended with *itching* and local *heat*. The skin is irritable; occasionally excoriations or cracking of the part occur, and sometimes the parts around the patch inflame, probably from the irritating nature of the discharge. If no vesicles be apparent, the disease may be recognized by the skin feeling thick when raised by the finger and thumb, by the starchy nature of the discharge, the formation of thin yellow crusts, and the irritation. The most common seats of the patches are the scalp, behind the ears, the face, the fore-arms, and the legs, and its appearance differs greatly in each of these locations. If the disease be extensive, there may be considerable fever, a pallid appearance, Headache, loss of appetite, etc. The mucous surfaces may become the seat of Inflammation, either by the spread of the disease from the skin or as a consequence of the general condition. The retrocession of Eczema may be followed by other Diseases—Diarrhœa, Bronchitis, or Leucorrhœa in the female.

VARIETIES.—The chief are *E. simplex,* in which the Inflammation and irritation are moderate. This variety often results from exposure to the sun's rays ; or it may be caused by irritants—heat, cold, bad soap, etc. If it occur in hot weather, the patient complains of fever, a "heated state of the blood," etc., and the eruption follows, appearing on the exposed parts of the body—the face, neck, arms, back of the hands, etc. : this condition is commonly called "*heat-spots.*" *E. rubrum* is a more highly inflammatory variety, the eruption being *very red* and shining, and there is much general disturbance ; the *burning* is severe ; brownish scabs are formed ; and the parts usually affected are the *flexures* of the body—the inner side of the thigh, groin, elbow, wrist, etc. ; it is apt to become chronic in old persons, and when it occurs about the legs is called "the weeping leg," and often leads to Ulcers. It often occurs on legs affected with varicose veins. *E. impetiginodes* is the variety which occurs in lymphatic and debilitated children, especially those who have a tendency to the formation of *pus*; the discharge is soon mixed with pus, which forms greenish-yellow thick scabs; it is commonly seen on the heads of infants (*Porrigo Capitis, Scalled-head*), and is a combination of Eczema and Impetigo. *E. chronicum* is the common form of any of the foregoing kinds of the disease; it often oscillates between cure and recurrence; and the skin becomes harsh, dry, red, and thickened. Syphilitic or Tubercular complications render the disease very intractable.

CAUSES.—Eczema probably depends upon constitutional irritability, and is sometimes hereditary; hence trivial exciting causes are sufficient to develop the disease—the action of the sun's rays, heat, cold, the use of cosmetics, paints and washes, and stockings dyed with aniline, etc. In adults, it is a common sequel to overwork, anxiety, irregular habits, etc., and is common among the gouty. The strapping of ulcerated legs with plaster, especially if there be Varices and an irritable constitution, is sometimes a cause. The rash developed by sulphur-baths, the rubbing in of Croton oil, and also that following hydropathic treatment, is eczematous. Shoemakers, who sit long with their thighs together, grocers and cooks, from handling sugar, etc., washerwomen, from the frequent use of soda and soap, bricklayers and builders, from the contact of lime, and others, from similar causes, are liable to Eczema. In infants it is often due to friction and irritation of clothes wet with urine, improper food, impoverishment of the mother's milk, or want of attention to her general health. It is impossible to overestimate the influence of improper diet in the production of Eczema.

EPITOME OF TREATMENT.—

1. *Earliest symptoms, and in Eczema simplex.*—Acon., Rhus, Canth., Sulph.

2. *E. rubrum.*—Ant.-T. ; Ars., Bell., Crot.-Tig. (*if there be sickness or painful Diarrhœa*) ; Merc.-S., Hep.-S., K.-Bich., Calc.-C., Ac.-Nit., Crot.-Tig.* 2x may be applied externally, and often exerts a marked favourable action.

3. *E. impetiginodes and chronicum.*—K.-Bich., Crot.-Tig., Ars., Merc,., Hep.-S., Calc.-C., Sil., Nux Jug., Viola Tric., Lyc. (*Milk-crust* and *Porrigo Capitis.*) When the scalp or other hairy part is affected, *Liq. Carbonis Detergens* ointment (℥ss to pure lard ℥j) for neutralizing the fœtor, and destroying pediculi. The hairs should be clipped short, and semi-purulent scabs removed by *bran-poultices*, and steeping with the water in which that material has been boiled.

ACCESSORY MEASURES.—The parts should be kept clean by frequent gentle washing with cold or tepid *soft water*. *General Baths*, and especially *Bran Baths*, are of great use in some cases of Eczema, as in other chronic skin disorders, for they stimulate the healthy surfaces to increased activity, and so compensate for the imperfect action of the diseased portions. The great vascularity of the skin, and its great function as an organ of excretion, prove how corrective the healthy play of its functions must be in cases of threatened mischief to the internal organs.

Pure soft water is an agent of great value, and in many cases the only remedy needed. Hard water is irritating, and when rain water cannot be obtained, it may be softened by boiling, and the addition of bran, flour, and other mucilaginous matters, which further abstract the lime salts. The washing should be done so as not to spread the irritating discharge over unaffected surfaces, and afterwards well dried by pressure with a soft cloth, not by rubbing; *Barilla Soap*, *Petroleum Soap*, or *Tar Soap*, is recommended to be used in washing. *Crot.-Tig.* 2x or 3x dil., may be used as a direct application afterwards; often a single application will suffice, or at most two or three; glycerine (see Sec. 27) may then be used to allay irritation. Soft water compresses, especially in the earlier stages of the disease, are very useful. In the weeping stage of Eczema, when the Inflammation is but moderate, *Carbolic Acid* ointment (*Ac.-Carbol.* guttæ xx., lard ℥j) allays the itching and hastens recovery. To relieve the irritation, *Bismuth* ointment (*Bism.* ʒj, lard ℥ij) is invaluable. Varicose veins, and the consequent Congestion, usually lead to Eczema, as well as other eruptions on the legs, and suggest the value of *elevation* as an element of treatment. The clothes should not be allowed to produce friction on the parts. Vegetable food, especially such as is eaten uncooked—lettuces, celery, watercresses, etc.—may be taken, for vegetables contain potash salts, which are abstracted in the process of boiling. The general health must also be regulated. *Cod-liver oil* is especially recommended.

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* The homœopathicity of Croton is shown by the act that rubbing in of this oil quickly develops an eczematous rash.

Of late years many cases of chronic Eczema have been much benefited by injections of Isotonic Sea-water (Plasma Quinton). This requires the aid of an expert. Plasma Quinton has had some success in other skin diseases, especially obstinate ulcerations. It is not so useful in cases of Psoriasis as in cases of Eczema.

205.—Impetigo (*Impetigo*).

Definition.—Impetigo, a common disease of infants, is a severe, sometimes contagious, purulent Inflammation of the skin.

Symptoms.—The disease is characterized by an eruption of small semicircular, flattened pustules, grouped in clusters, having a tendency to run together, forming thick and moist yellowish scabs or incrustations ; and attacks the ear, nose, scalp, and face. In children, the eruption of its yellow tenacious secretion sometimes covers the face or head like a mask, the discharge matting the hair together into a sour-smelling mass, beneath which the surface is red and tender. It is this form of the disease to which the term *Crusta lactea* (milk crust—*Porrigo larvalis*) is most correctly applied.

Causes.—Infection. Accessory Causes.—Poor diet; irritations of the skin.

Treatment.—*Viola Tric.* for simple Crusta lactea ; *Ant.-T.*, *K.-Bich.*, *Ant.-C.*, or *Ars.* When the scabs get thick and hard, they should be softened with fresh butter, and then removed by means of poultices of bran or linseed-meal, and *Carbolic-acid* ointment be kept smeared over the part for a week afterwards. *Ung. Hydrarg.-Nit.-dil.* is an excellent local application. See also Section on " Eczema."

206.—Acne—Pimples.

Definitions.—" A chronic Inflammation of the sebaceous glands and hair-follicles, characterized by an eruption of hard, conical, and isolated elevations of moderate size, and various degrees of redness."

NAMES AND VARIETIES.—The disease is most common t the age of puberty. In *A. punctata* there is simply collection of sebaceous matter, in the form of a ointed eruption; this collection, when squeezed out f the skin, is emitted in a cylindrical form, having he appearance of a small grub or maggot (*comedones*), ence it is sometimes called "maggot-pimple," or whelk"; it is most frequent in young females. l. *indurata*—sometimes called "stone-pock"—describes he disease when it is chronic and indolent, and when he pimples are become *hard,* with a dusky-red base; hey are often painful, and produce a sensation of ightness about the face, the skin being congested and hickened. *A. rosacea* is seldom seen in young persons, ut sometimes occurs in women in whom the catamenial unction is imperfect; the redness is bright, there being nuch congestion; the veins are varicose, the face is nuch disfigured, the surface is red and dotted over vith pustules, the skin is thickened, and food and timulants produce great burning and flushing of the ace. Alcohol, by flushing the face, causes what are ermed "rosy-drop," "grog-blossom," etc., which are pots of Acne. "The physiognomy of this disease," vrites Professor Wilson, "is made familiar to our ninds by the words of Shakespeare, when he tells us vith regard to Falstaff, that—

> His face is all bubucles, and whelks, and knobs, and flames of fire';

nd in a few words the rosy spots may be said to be a *rotest* of the fifth pair of nerves against ill-treatment eceived by the gastric portion of the tenth."

It must, however, be remembered that the disease s not necessarily connected with frequent alcoholic timulation, since it sometimes occurs in the abstemious.

A. strophulosa (*Strophulus albidus*)—" white Gum-rash" —consists of small *white* pimples, chiefly about the face and neck (see Sec. 187).

CAUSES.—Congestion of the sebaceous follicles. This condition may be induced by various internal and external agencies; by the stomach, which has a great reflex action on the face, as seen in flushings after food, etc.; by enervation, intemperance, Constipation; physiological changes (as puberty); menstrual irregularities, and sexual abuse by young men; cold; the use of cosmetics; neglect of cleanliness, etc. It is of most frequent occurrence in the spring season, and then often returns for several successive years. According to Dr. Tilbury Fox, lymphatic persons, and those of a phthisical tendency, are most prone to Acne.

EPITOME OF TREATMENT.—

1. *Acne punctata in young persons.*—Bell. (*bright red pimples; and in plethoric persons with scarlet flushings*); Puls. (*females with usually cold, pale face, menstrual irregularities*); Ac.-Phos. (*weakly persons*); Bary.-Carb. (*maggot pimple*); Bor.

2. *A. indurata.*—Sulph.; Calc-.C., Carb.-An. (*with chronic acid Dyspepsia*); Iod.* K.-Brom. has great power over this affection, and the medical journals report cases in which long-continued Acne has disappeared while this drug was being taken for other diseases. On the other hand, twenty-five grain doses, thrice daily, have been known to develop an eruption of Acne.

3. *A. rosacea.*—Ant.-C., Rhus., Nux Jug., Carbo

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* Hebra states that many persons, if they take *Iodine* internally, are affected with an outbreak of numerous papules of Acne on the face, chest, and back, which in some cases quickly changes to pustules, in others remain for a time unaltered. They often prevent perseverance in the administration of a medicine otherwise indicated, and quickly disappear on its discontinuance without leaving a scar behind.

An., Jug.-C. ; Opi. (*dusky-red bloated appearance*) ; Nux V. (*Dyspepsia, Constipation,* etc.) ; Ars. (*chronic or severe cases, with debility*) ; Agar. The last four remedies are also well adapted to the condition when produced by alcoholic intoxication.

4. *A. strophulosa.*—Ant.-C., Calc.-C., Hep.-S.

ACCESSORY MEANS.—Hygienic measures and the correction of faulty habits are of first importance in chronic Acne. Indigestion, menstrual derangement, debility, or any other constitutional or local affection associated with Acne, should be corrected.

The *diet* should be simple and frugal, and uncooked vegetables and fruits freely eaten. Daily out-of-door exercise is favourable to the cure. *Soft-water* baths are of great value in this affection, although on first commencing them they may appear to aggravate the disease. In addition to the morning general cold bath, the parts should be frequently washed or douched with *hot water.* Acne *punctata,* according to Ringer, is efficiently treated by washing the face or other part affected with hot water and plenty of soap several times a day. The orifices of the sebaceous follicles are kept open, and the accumulation of superabundant secretion prevented. If by this treatment the skin becomes rough, red, and painful, it should be well rubbed with Glycerine jelly after each washing. All cosmetics, paints, etc., must be avoided.

A lotion (one part to twenty of water) of one of the ollowing drugs, according to the indications, often elieves irritation and hastens the cure : *Bor., Sulph., Agar., Rumex,* or the dilute *Ac.-Phos.*

For obstinate acne, vaccine treatment is sometimes ffective.

207.—Seborrhœa.

Definition.—This is a disease of the sebaceous glands, accompanied by much secretion of fatty material which appears on the skin as flakes and scales. Seborrhœa of the scalp causes the condition called Dandruff. It is complicated occasionally by Eczema.

Treatment.—Frequent washing with tepid water and soap, any crusts should be softened with olive oil and carefully removed. Applications of *Resorcin* and of *Sulphur* are useful. The general health must be attended to, and *Arsen., Graph., Sepia., Chel., Rhus, Merc., Mezer., Sulph.,* are remedies of which one or other is likely to be useful.

208.—Sycosis—Mentagra—Barber's Itch.

Definition.—Inflammation of the hair-follicles of the beard and whiskers not associated with Syphilis.

It is a kind of "Acne of the beard." The name *Sycosis*—fig-like—was given to the disease from its supposed resemblance, when fully developed, to the inside of a fig.

Sycosis is transmissible by contagion, from the use of a razor previously employed in shaving an affected person. Bad cases of *Sycosis* have been recorded from the use of razors that had immediately before been used in shaving persons with "bad chins." This method of transmission has been often noticed, and we call attention to it to suggest the preventive means—viz., the immersion of the razor in boiling water, and wiping it before use.

Symptoms.—It is a disease of adult life; it commences insidiously, a red itchy patch being first oticed, which, after rubbing or scratching, and the pse of a little time, becomes much more troublesome, s the follicles enlarge and pustulate ; there is considerble sensation of burning, and shaving is very painful. uccessive crops of pustules appear, often grouped ogether, the fluid exuded becoming dry, and forming nto crusts. The hairs become dull, brittle, and easily emoved ; and much discomfort, and sometimes disgurement, is the result. The disease is very apt to ecome chronic, recurring at certain seasons.

TREATMENT.—The disease is often very obstinate. he remedy which has been found most curative is *nt.-T.*, used internally and externally. *Calc.-C.* has ured some cases. *Lyc.* and *Ant.-C.* have been uggested ; but we have found little benefit from the tter. As an external application, we can recommend he following preparation :—*Ant.-T.* gr.ss., *warm* water, ss ; when the *Antimony* is fully dissolved, add *lycerine* ℥ss, and, *after first washing and well drying*, pply to the affected parts twice or thrice daily. In ractice we have not found *epilation* necessary. The eneral health should be improved, as the disease is a erm disease. Vaccine treatment is often valuable, nd mild antiseptics should be used locally.

209.—Chilblain (*Pernio*).

DEFINITION.—An Inflammation of the skin, generally ffecting the hands or feet, attended with itching, ngling, burning, swelling, and sometimes Ulceration.

CHAPPED HANDS.—This affection consists of slight flammation of the skin of the back of the hands, hich becomes cracked or "chapped." It occurs in frosty weather, when it sometimes gives rise to much inconvenience and pain. It requires similar external treatment to *Chilblains.*

Causes.—Exposure to cold, damp, or to sudden changes of temperature; warming the hands and feet by the fire when cold or damp. Delicate persons, with a constitutional predisposition to skin disease, are chiefly affected.

Epitome of Treatment.—

1. *Simple Chilblains.*—Arn.; Tamus Communis φ as a paint, or Tincture of Myrrh; Bell. (*bright-red shining swelling, and pulsative pains*); Puls. (*blue-red appearance, pricking-burning pains, worse towards evening*); Rhus. (*inflamed Chilblains with excessive itching*); Canth., Sulph. (*great itching increased by warmth: obstinate cases; and to remove the predisposition*).

2. *Broken or Cracked Chilblains.*—Petrol. (*general unhealthy state of the skin, with a tendency to fester*); Bell., Agar., Rhus.

3. *Ulcerated.*—Ars. (*burning pains*); Petrol.; Phos. (*fœtid discharge, and when occurring in unhealthy subjects*); Kreas., Ac.-Nit.

4. *Frostbite.*—The part should be well rubbed with snow, afterwards with cold water, in a room without a fire, to prevent too sudden reaction.

5. *Chapped hands.*—Calc.-C., Graph., Petrol.

Local and General Treatment.—All the remedies prescribed may be used both internally and externally—in strong tincture, or a low dilution, according to the power of the drug, either in the form of lotion or cerate. *Arnica* lotion or cerate should never be used for *broken* Chilblains. *Tamus Communis* externally applied, in the case of *unbroken* Chilblains, is an almost infallible cure. *Glycerine, Glycerine Jelly,* or one part of *Glycerine* mixed with two parts of *Eau-de Cologne,* form an excellent remedy for Chilblains, Chapped hands, *fissures or cracks.* It removes the stinging, burning sensations, and makes the parts soft and supple. Ulcerated Chilblains require a poultice, or other mild application, until relieved. The soreness of Chilblains and Chapped hands may be removed or mitigated by applying soft linen rags squeezed out of cold water, and then covered with oiled silk. This compress should be applied on going to bed; it equalizes the temperature of the part, improves the nutrition of the skin, and diminishes the tendency to the re-formation of Chilblains.

PREVENTIVES.—As Chilblains generally occur in persons whose circulation is defective, regular exercise in the open air, the free use of the skipping-rope, and wholesome nutritious diet are necessary to prevent their recurrence. Pork, salted meat, and all irritating or indigestible articles of food should be excluded from the dietary. Extremes of temperature are to be avoided; also cold stone floors, and suddenly approaching the fire after coming in from the cold, or warming the feet on the fender, or the hands close to the fire.

210.—Ulcer.

DEFINITION.—An Ulcer is an open wound or sore, which differs from a healing sore in that there are present in the ulcer certain conditions tending to prevent it undergoing the natural process of repair.

The process of ulceration is defined as the molecular or cellular death of tissue taking place on a free surface-skin or mucous membrane. It is essentially the same n nature as the process of suppuration; in the latter, however, the purulent discharge collects in a closed cavity forming an abscess whereas in the case of an ulcer the pus escapes at once on the surface.

Of the factors which prevent an ulcer from becoming a healing sore, one of the most important is the presence of pathogenic bacteria, which by their action not only prevent healing, but so irritate and destroy the tissues as to lead to an actual increase in the size of the sore. Interference with the nutrition of a part by œdema or chronic venous congestion may impede healing; as may also induration of the area surrounding an ulcer, by preventing the contraction which is such an important factor in repair. Defective innervation, the vitiated state of the tissues in certain constitutional conditions (diabetes, syphilis, Bright's disease, etc.), and mechanical causes, such as unsuitable dressings, or ill-fitting appliances act as impediments to repair.

The discharge from an ulcer is profuse, thin, acrid and offensive, and consists of pus, broken-down blood-clot and sloughs. The edges are inflamed, irregular, and ragged, showing no sign of growing epithelium—on the contrary, the sore may be actually increasing in area, by the breaking-down of the tissues, at its margins. The surrounding parts are hot, red, swollen, and œdematous; there is pain and tenderness both in the sore itself and in the parts around.

CAUSES.—Crush or bruise, heat and exposure to the Röntgen rays, pressure of improperly padded splints, or other appliances, imperfect circulation, tuberculosis, syphilis, malignant disease, etc.

TREATMENT.—The treatment of ulcers is a matter of great practical importance. An ulcer is not only an immediate cause of suffering to the patient, crippling and incapacitating him for his work, but is a distinct and constant menace to his health; the prolonged discharge reduces his strength, and among other complications it is not uncommon for ulcers of long standing to become in elderly persons the seat of cancer. In addition, the offensive odour of many ulcers renders the patient a source of annoyance and discomfort to others.

The primary object of treatment in any ulcer is to bring it into the condition of a healing sore. When this has been effected, nature will do the rest, provided extraneous sources of irritation are excluded.

Steps must be taken to facilitate the return of the venous blood from the ulcerated part, and to ensure that a sufficient supply of fresh healthy blood reaches it. The importance of imperfect venous return in causing or maintaining ulcers, is evidenced by the fact that as soon as the condition of the circulation in a lower limb is improved by confining the patient to bed with the ulcer thereon elevated above the level of the heart, the ulcer begins to heal, even though all methods of local treatment have hitherto proved ineffectual. The septic element must be eliminated by disinfecting the ulcer and its surroundings, and any other source of irritation must be removed.

If the patient's health is below par, good nourishing food, tonics and general hygienic treatment are indicated.

MANAGEMENT OF A HEALING SORE.—One of the best dressings for a healing sore is a layer of Lister's perforated oiled-silk protective, which is made to cover the raw surface and the skin for about quarter of an inch beyond the margins of the sore. Over this three or four thicknesses of sterilised gauze, wrung out of *boracic* (or *calendula*) lotion, or boiled water are applied and covered by a pad of absorbent wool. As far as possible the part should be kept at rest, and the position adjusted to favour the circulation in the affected area, as for example elevating the limb on which the ulcer is. The dressing may be renewed every two or three days, and care must be taken to avoid any rough handling of the sore. Any discharge that lies on the surface should be removed by a gentle stream of *calendula* lotion, rather than by wiping. The area round the sore should be cleansed before the fresh dressing is applied.

In some cases healing goes on more rapidly under a dressing of ointment, such as *Calendula*, *Hamamelis*, or weak *Boracic acid*. Very chronic ulcers sometimes respond to a dressing with Serum or even Liebig's Extract.

Unless absolute rest with the elevation of the foot can be enforced in cases of ulcers on the legs, bandages are more or less necessary to support the tissues. They should be of some elastic material and be applied after the limb has been elevated for ten minutes.

The frequency with which the dressings should be changed depends on the amount of the discharge. If it is considerable they should be changed once or twice daily; otherwise a few times a week may suffice.

TREATMENT.—Strictly *constitutional* treatment is generally necessary. This may be illustrated by the fact that the appearance presented by a sore often furnishes an excellent test to a patient's health; a weak or indolent Ulcer rapidly assumes a healthy aspect on any improvement of the constitutional powers of the patient; on the other hand, a healthy sore immediately becomes indolent, or sloughs, when any extreme depressing cause comes into operation.

Belladonna.—*Painful* Ulcer, with surrounding redness.

Silicea.—Simple Ulcer; and in *chronic* cases.

Kali Bich.—Ulcer on the leg, deep, with hard base and overhanging edges. This remedy may also be used externally (gr. j. ad aq. ℥vj).

Hydrastis Canadensis.—Unhealthy Ulcers; Ulcerations of mucous surfaces—the mouth, throat, nose, eyes, etc. It should be administered internally, and applied locally as a gargle or wash, as the case may require.

Arsenicum.—Inflamed ulcers with *burning pain*, raw surface, or presenting a livid appearance, and easily discharging blood or thin fœtid matter, and often with general indifferent health. This remedy is specially valuable in *indolent Ulcers of the legs*, and should also be used in the form of a lotion.

Rhus, ext. and int.; *Polygonum* and *Ammon.-Mur.* have cured superficial Ulcers and sores on the lower extremities.

Hep.-S., *Calc.-C.*, or *Sulph.*—For *constitutional* Ulcers, and to improve the health. Also *Ferr., Mur.* (as a paint).

211.—Carbuncle.

Definition.—A patch of infective gangrene affecting the subcutaneous tissues due to infection by a micro-organism—the staphylococcus pyogenes aureus. Albuminuria or diabetes are common antecedents. Local abrasions or contusions sometimes precede.

Symptoms.—It first appears as a hot, hard swelling, one to six inches in diameter, harder than a Boil, accompanied by a burning, dull, throbbing sensation. It is of a dusky red hue; very tender, and painful. It generally occurs on the posterior portions of the neck or back, where vitality is less active. As the red swelling gradually increases, the skin covering it assumes a purple or brownish-red tint, and in one or two weeks softens, suppuration taking place at *several points*. The openings run together and some time later the slough ("core") comes away, the suppuration becoming freer all the time. It is generally attended by considerable constitutional disturbance and depression; if large, and especially if seated on the head, there is violent fever, Delirium, and great and even fatal prostration may result.

DIAGNOSIS.—Carbuncle differs from a boil in its affecting the subcutaneous tissues; its greater size; its broad, flat shape; in usually appearing singly; in discharging from *several openings*; and in the great constitutional disturbance and irritation which accompany it.

CAUSE.—Infection. Any debilitating experience predisposes to the onset.

TREATMENT.—The chief remedies are—*Ars.*, *Bell.*, *Apis.*, *Acon.*, *Sil.*, *Carbo V.*, *Lach.*, *Sulph.*

LEADING INDICATIONS.

Aconitum.—Severe inflammation and *fever*. *Acon.* may precede, follow, or be alternated with any other remedy.

Arsenicum.—Large, painful Carbuncle, with great constitutional *prostration*. Often the best remedy.

Lachesis.—Low, inflammatory type of the disease, with evidences of the poison of the tumour extending to the blood; cerebral symptoms.

Apis.—Continuous *extension* of the erysipelatoid Inflammation.

Silicea.—To promote healthy *granulations*, etc.

LOCAL TREATMENT.—Early fomentations, to which a few drops of *Calendula* ϕ are added, with free opening and scraping away of the sloughs under an anæsthetic, hasten recovery.

DIET.—The diet should be generous and nourishing, and include Essence-of-Beef, Cod-liver oil, etc. In debilitated cases, the brandy-and-egg, or milk-and-egg mixture generally does good; but, in many cases, alcoholic drinks are *best* avoided.

212.—Boil (*Furunculus*).

DEFINITION.—A boil is essentially the same as a Carbuncle, but differs in affecting the skin only, and not the subcutaneous tissue, and it discharges by a single instead of several openings. They are very frequently multiple and usually occur from the infection of a hair follicle or sweat gland by the micro-organism.

The term "furunculosis" is applied to the disposition to repeated crops of boils.

SYMPTOMS.—A small, tense, inflamed and painful swelling; this hardens, and the red blush around its base changes purple. In a few days the swelling enlarges, owing to the formation of pus, and the pain becomes throbbing; the tumour bursts, discharges thick pus, and later the core.

Blind-boils do not suppurate, but slowly subside. Boils often appear in crops, or another appears as soon as the preceding one has healed. They generally occur in the thick skin of the neck, back, nates, or arms, especially in the young.

CAUSE.—Infection. Predisposing Causes.—A disordered condition of the blood, from unwholesome food, overwork, anxiety, diabetes, albuminuria, etc.

TREATMENT.—*Belladonna.*—Painful, hot, shining erysipelatous swelling, with *Inflammation* round the base. Dr. Hughes states that a Boil in the stage of inflammatory engorgement, before matter has formed, may almost always be blighted by repeated doses of *Bell.* (1x). Dr. Simon says the inunction first of a few drops of *Tincture of Camphor,* then of olive-oil, is equally abortive. Later still, states Dr. Madden, its progress may be arrested by *Sil.* (3x trit.).

Hepar Sulphuris.—To facilitate the *suppurative process* and, to a great extent, prevent its subsequent extension.

Silicea.—Indolent and *chronic* Boils.

Ac.-Nit.—In some *debilitated* persons this remedy is required; it is very valuable in wounds which *fester,* and when fungoid excrescences form. An aqueous dilution may also be applied topically.

Sulphur, morning and night for eight or ten days, to prevent a recurrence. Hughes states that if Boils recur again and again, the constitutional tendency may be checked by a course of *Sulph.,* and that he finds no need for any other medicines for Boils than *Bell.* and *Sulph.*

GENERAL TREATMENT.—Fomentations should be applied and renewed frequently, until suppuration is completed. When Boils are of an acute variety, and the skin covering them is very thick, a free incision with a sharp knife will do good service. For treatment of *proud-flesh* see *Ac.-Nit.* above.

A lotion of *Carbolic Acid* in water (1 : 50) is useful to bathe the surrounding parts and prevent further infection.

Boils may be prevented from coming to a head by gently rubbing the surface every three or four hours with the tips of the fingers wetted with Spirits of Camphor, and then covering the spot with flannel soaked in camphorated oil.

In order further to prevent a recurrence of Boils, attention must be directed to the constitutional cause in which they originate. If, as is often the case, they arise from digestive derangement, abstinence from rich gravies, pastry, sweet-dishes, etc., is imperatively necessary. Correct diet, cleanliness, and healthy exercise and recreation in the open air, will do more towards eradicating a predisposition to Boils and other affections of the skin than any of the drugs we have mentioned. Vaccine treatment is often of great value.

213.—Malignant Pustule (*Anthrax*).

Malignant pustule is the result of cutaneous inoculation by the virus of anthrax and usually takes place by the contact of butchers, graziers, leather- or wool-workers, with the diseased sheep or cattle.

The lesion usually occurs on the face, neck, or arms. The stages it goes through in four or five days are: (1) an angry red pimple; (2) a crop of vesicles on a red swollen base; (3) a central black slough surrounded by vesicles, and a large zone of swelling. Then the temperature rises and grave septicæmia is caused by the distribution of the bacilli.

LOCAL TREATMENT.—Excision of the focus of infection.

MEDICINES.—*Anthracinum, Lachesis, Bell., Aconite, Apis, Baptisia*, etc.

214.—Whitlow (*Paronychia*)—Felon—Gathered Finger.

DEFINITION.—A painful inflammatory swelling at the end of a finger or thumb, having a tendency to suppurate, and, in debilitated constitutions, to recur.

VARIETIES.—The *cutaneous* Whitlow is an inflammation of the skin, with burning pain, and effusion of a serous or bloody fluid, which raises the cuticle into a bladder. The *subcutaneous* is attended with great pain and throbbing, and suppuration under the skin at the root of the nail, which often comes off. *Tendinous* Whitlow, or *Thecal Abscess,* is inflammation of the *tendon sheath.*

CAUSE.—Infection. Predisposing Causes.—Cutting the nail to the quick; a bruise, burn, or other mechanical injury; the introduction of poisonous or acrid matter into scratches on the finger, constitutional disorder, with slight injury.

SYMPTOMS.—Heat, pain, throbbing, and redness at the end of the finger; as the symptoms increase there is swelling, tension, and pain extending up the arm; the surface becomes livid, and shortly assumes a pale, cloudy appearance. If suppuration occur, a dirty-looking fluid is discharged; subsequently the nail falls off; and if the finger be kept at rest, and the health be not very defective, a new nail is produced, and the finger is well. But under unfavourable conditions, the part may ulcerate, the finger inflame, the bone become diseased, and Inflammation attack the arm.

TREATMENT.—As soon as the first indications of Whitlow are noticed, the finger should be repeatedly plunged into water as hot as can be borne, in which common salt has been dissolved for two hours or longer; the hand should be slung in a raised posture, and a dose of

Silicea taken every three hours. Thus its formation may often be prevented. If these means be commenced too late, a hot fomentation should be applied, and *Sil.* continued every four hours, in alternation with *Acon.* when there is much feverishness, or *Bell.* when the inflammation is erysipelatous. *Merc.* and *Hep.-S.* are also good remedies.

ACCESSORY MEANS.—Hot fomentations to relieve pain. If inflammatory action persist, the finger becoming hard, and there be no signs of early suppuration, a free incision should be made to relieve tension and prevent sloughing, and, possibly, disease of the bone. In opening Thecal Abscesses the incision should be made strictly in the *middle line* to avoid the digital arteries which run along the sides of the fingers. The opening should be also made *between*, but not over, the joints.

ONYCHIA is Inflammation of the nail-matrix (*the substance from which the nails grow*) ; it may be induced by similar causes to those of Whitlow, and especially by an in-growing nail, or cutting the nail down to the quick.

IN-GROWING OF THE NAIL may be remedied by softening it in warm water, then paring it thin on the upper surface, and cutting it down as far as may be at the middle part of the extremity, *avoiding cutting the parts which tend to grow in.* By these means the growth is diverted from the sides ; since *a nail will grow most where it is cut most.* Painting daily with a solution of *Ferr.-Perchlor.* is also of great service. A small surgical operation may be necessary.

215.—Corn (*Clavus*).

DEFINITION.—A hard bony mass of the superficial layer of the skin (epidermis) with a deep growing conical centre, which presses on the tender parts of the sensitive layer of the skin. A Corn may be *hard*, dry, and scaly; or, if situated in places where the secretions of the skin are confined, *soft* and spongy. When inflammation or suppuration takes place underneath a Corn, the Corn becomes excessively painful.

CALLOSITY is a hard, thickened condition of the skin covering a larger extent than a Corn, and may sometimes be seen on the front of both shins.

CAUSES.—Pressure from ill-fitting boots or shoes.

TREATMENT.—As soon as the Corn appears, the surrounding skin should be softened by a warm foot-bath, the hard head of the Corn gently extracted with some convenient instrument, and the thickened skin pared off, wounding the adjacent parts as little as possible. The Corn should then be dressed nightly with a mixture of *Arnica* ϕ, twenty drops, *Glycerine* one ounce, water one ounce.

The most essential part of the treatment is to relieve pressure from the corn by applying a plaster with hole punched out to receive the corn and so protect it from pressure. This treatment is continued till the corn is cured.

If internal treatment be necessary, *Calcarea* and *Sulphur* are generally suitable medicines. *Calcarea* may be administered every morning and night for a week or ten days; then, after waiting a day or two, *Sulphur* in the same manner. Afterwards, if necessary, the course may be repeated. See also *Verat.-Vir.*

SOFT CORNS are best treated by carefully cutting off the thickened skin with sharpened scissors, then applying a drop or two of diluted tincture of *Arnica*, or rubbing in the above mixture of *Arnica*, *Glycerine* and water, and always wearing a layer of cotton wool between the toes, changing the wool daily.

ACCESSORY MEANS.—Corns can only be *permanently* cured by wearing *properly fitting boots*, which should be straight along the inner border of the foot, often washing the feet, and frequent change of stockings.

216.—Enlarged Bursa—Housemaid's Knee—Miner's Elbow.

DEFINITION.—Inflammation of a bursa, with increased accumulation of synovial fluid. The bursæ most commonly involved are those over the metatarsal joint of the great toe, called "Bunion"; in front of knee-cap, called "Housemaid's Knee"; and of the elbow, called "Miner's Elbow."

CAUSES.—Constant irritation from kneeling or reclining on hard damp stones, pressure, blows, excessive use, and oblique traction of the skin in moving from side to side —*i.e.*, *friction*, with probably some toxic agent.

SYMPTOMS.—Swelling and tenderness. In acute cases the pain is very severe, and there is much effusion, swelling, and fever; even suppuration may result. In chronic cases, a permanent swelling, from the size of a small egg to that of a large orange, gradually forms. The swelling is at first soft, but if neglected, the sac may thicken, be interspersed with fibrinous bands, and the bursa gradually pass into the form of a solid fibrous tumour.

REMEDIES.—*Ruta graveolens* as lotion, liniment (1 : 12), and internally is the remedy *par excellence.*

Adis.—In general.

Arnica.—Cases arising from *friction* or *bruises.*

Aconitum.—Much *febrile* disturbance.

Belladonna.—Considerable heat, *redness and swelling*, with *lancinating pains.*

Rhus.—Pain worse when sitting, and when *warm* in bed.

Ledum.—Pain, etc., with *chilliness.*

Iodium.—Chronic Bursitis in patients subject to *glandular enlargements.*

Kali Hydriod.—With *rheumatic* complications. Graph. (*chronic cases with redness*) ; Agar. (*itching*) ; Hep.-S. or Sil. (*tendency to suppuration*) ; Bry. (*shooting pains*).

A *lotion* of *Acon., Bell., Bry., Led., Rhus., Iod., Agar.*, or *Arn.*, should be used when the same remedy is being administered internally.

Surgical Treatment.—Operation is seldom necessary in homœopathic practice. When it is called for the best plan is to have the bursa excised.

217.—Bunion (*Bunion*).

Definition.—An enlargement of the bursa over the metatarsal joint of the great toe, with more or less deformity of the joint. This deformity takes the form of deviation of the great toe towards the middle line of the foot (hallux valgus) ; it develops slowly and is attributed to the wearing of improperly shaped boots. The boot which favours the occurrence of hallux valgus is one which displaces the great toe outwards from the line of the inner border of the foot. It is a common affection in civilized communities.

Cause.—The *pressure of ill-shaped boots or shoes*, throwing the great toe over or under the contiguous toes ; in this way a sharp angle is made on the inner side of the joint of the great toe, on which the Bunion is formed.

Symptoms.—Pain, redness, and swelling of the part, which soon subside on removal of the cause. Should, however, undue pressure be continued, the symptoms increase until pressure becomes unendurable. After this, on discontinuing the offending boot or shoe, the pain subsides; nevertheless a permanent Bunion has been formed, and inflammatory symptoms are at any time liable to recur from irritation.

Treatment.—The direction of the toe must be changed by wearing properly-shaped boots, made with the inner side of the sole straight from the toe to the heel. If irritation be accidentally excited in the part, a warm footbath should be used, and afterwards a lotion (twenty drops of *Arn.* ϕ to two tablespoonfuls of water continuously applied for two or three days, or one of *Ruta* may be substituted; at the same time, *Hep.-S.* may be given every four hours.

The treatment of bunion varies with the severity of the deformity. In mild cases a great deal can be done by wearing properly-shaped boots, with toe-prop to keep the great toe straight. At night the attitude of the toe may be corrected by a properly-applied splint. In aggravated cases only an operation can correct the deformity.

Ver.-Vir., painted on Bunions, generally gives rapid and perfect relief. There is no agent comparable to *Ver.-Vir.* for Bunions or inflamed corns (*Dr. J. G. Wilkinson*).

Prevention.—If the *Arnica* or *Ver.-Vir.* lotion be used immediately the first imflammatory symptoms arise, and all undue pressure be at once discontinued, the formation of a Bunion may be altogether prevented.

218.—Nævus (*Nævus*)—Port-wine-Stain—Mother's Mark; and Nævus Pilaris—Mole.

Definition.—A *Nævus* is a tumour consisting of bloodvessels, and frequently takes the form of slight flat elevations of a bright-red or purplish colour, occupying an extent of surface varying from the size of a pin's head to many inches.

Nævus pilaris is a Nævus covered by hair of variable length, and, like ordinary Nævus, is liable to occur in any part of the body.

Nævi are usually congenital; they are popularly called "Mother's marks" from the assumption that they are produced on the child before birth through some fear or fancy of the mother; and are variously named according to their apparent resemblances,—"cherry-," "strawberry-," or "mulberry-stain," etc.; and if the Nævus be hairy, it is called a "mouse-mark," etc.

In many cases no inconvenience results except the deformity; but occasionally, more especially when the growth is at all prominent, there is a great disposition to unhealthy ulceration. When bleeding occurs, it is usually in a trickling stream, and without any degree of force. Nævi often die away without interference.

Treatment.—When treatment is desirable, the internal and external use of *Thuja*, as recommended for Warts, is sometimes successful.

When surgical treatment is called for, the best results are got from the application of *carbon dioxide* snow.

219.—Sebaceous Cyst—Wen.

Definition.—A swelling under the skin, composed of fatty matter enclosed in a sac. It results from obstruction of the duct of a sebaceous gland.

These Tumours occur on various parts of the surface on the body, are smooth, elastic, and movable under the skin ; they slowly increase without pain, often to a very great size ; attain their greatest development in warm climates—especially in the Hindu and negro races—where they have been met with of an enormous weight and size.

TREATMENT.—The Wen should be dissected out by a surgeon.

220.—Warts.

DEFINITION.—A small, hard tumour, consisting of elongated and enlarged papillæ of the cutis vera, clothed with a stratum of hypertrophied and hardened cuticle, chiefly affecting the hands and face of young persons appearing and disappearing without any particular known cause.

TREATMENT.—*Thuja.*—The Warts should be painted twice daily with the matrix tincture ; at the same time a dilution (6*x*) of *Thuja* may be administered morning and night. The latter is especially necessary when the Warts appear in crops. This course may be followed for a week or two, and if improvement ensue, as it generally does, the treatment should be continued longer. When *Thuja* does not succeed, *Rhus* may be substituted, and used in the same way.

Sulphur, once a day for a week or two, is an excellent remedy for numerous and obstinate Warts upon the hands. It is also useful after other medicines, to eradicate the tendency to recurrence. *Dulc.* 3, *Ant.-C.* 1, and *Ac.-Nit.* are also said to be often successful.

221.—Ringworm of the Scalp (*Tinea tonsurans*).

DEFINITION.—An affection of the scalp in children due to a fungus which attacks the hair, with the result that the latter becomes opaque and brittle and breaks off about an eighth of an inch from the scalp, leaving the characteristic hair-stump.

The condition is almost unknown after the age of sixteen.

Ringworm of the scalp is a very important disease in that it probably causes the loss of more educational time among children than any other disorder.

CAUSE.—Two species of fungus named respectively the small-spored ringworm and the large-spored ringworm, cause the vast majority of cases of the disease. The small-spored is much the commoner in this country.

SYMPTOMS.—The disease usually begins as a pink spot near the border of the scalp. This spot becomes a ring, then the colour disappears and the hairs are invaded and begin to break, while gradually the surface of the patch becomes scaly, until eventually one sees the characteristic dry, greyish, scaly patch three-eighths of an inch to one inch in diameter, with sharply defined borders. The hairs on the patch are more scanty than on the rest of the scalp, and for the most part are short, broken off about one-eighth of an inch from the surface, lack their natural lustre, and appear to be clothed with a greyish sheath. Sometimes there is a single large patch affected, or there may be a number of smaller, which may or may not ultimately fuse into a single one. The whole scalp may be affected with the exception of a few islands of apparently normal hair and skin.

Left to itself the disease is extremely chronic, and may last two or more years, but will ultimately disappear spontaneously at fifteen or sixteen.

It is contagious during its entire duration—how much so may be judged from the fact that if introduced into a class, two-thirds or three-quarters of the children may be attacked within a few weeks. It is, however, not necessarily associated with impaired general health.

In children a common condition from which ringworm has to be distinguished is *Alopecia areata*—a matter of great practical importance, because ringworm is contagious, while alopecia is not. The ringworm patch is scaly, that of alopecia areata is smooth. The hair-stumps in ringworm are numerous and opaque, those in alopecia are scanty, wedge-shaped and translucent. Examination of the stumps under the microscope is conclusive, because those of ringworm reveal the presence of the fungus—their appearance has been likened to a stick coated with paste and rolled in the sand.

TREATMENT.—The fungus is easily destroyed. It is, however, very difficult to get any substance to penetrate to the recesses of the hair follicles. Where the infection has laid firm hold before its presence is detected, the X-rays form the most satisfactory method of treatment, particularly if the whole head is affected and the case is likely to be extremely tedious.

The X-rays cause the hair, in the area to which they are applied, to fall out in about a month, and the case is then free from infection. In about two months the hair grows again and at the end of three months the scalp should be well recovered.

If for any reason it is considered inadvisable to use X-rays, the older methods of treatment must be resorted to. The hair of the affected area and of a wide margin round it should be clipped or shaved, and the skin thoroughly washed with soft soap and hot water, and then with ether or turpentine. It should then be allowed to dry. *Tincture of Iodine* may next be painted on, or the strong *Nitrate of Mercury* ointment applied every morning, and washed off every evening. This treatment is to be discontinued if the scalp become inflamed—to be reapplied on subsidence of the inflammation.

Children who suffer from ringworm must be isolated, and brushes, combs and towels should be kept for their sole use.

Internally *Sepia, Calc.-Carb.* and *Sulph.* are useful remedies, combined with the already-mentioned local treatment.

222.—Alopecia Areata.

DEFINITION.—A loss of hair in patches due to changes in the hair follicle, which deprives it of its power of forming hair. The condition is a disease, not of the hair itself, but of the hair follicle.

Alopecia is quite common, and varies much in severity in different cases, the mild type being commoner than the severe. It occurs in both sexes with about equal frequency, and usually begins before the age of twenty. Individuals who as children have once been attacked, are very likely to be attacked again, and with greater severity, as adults.

CAUSE.—Probably parasitic in some cases at least. Syphilis predisposes to loss of hair but Syphilitic Alopecia is a distinct disease and yields to anti-syphilitic treatment.

SYMPTOMS.—The hairs over one or more circular or oval areas of the scalp are rapidly shed, leaving white and polished bald patches, the surface of which is often sunk below the level of the surrounding skin. There may be a few short black hair stumps scattered here and there on the surface; these stumps, unlike those of ringworm can be pulled out without breaking off short.

In men Alopecia areata occurs in the beard quite as often as it does on the scalp.

The disease is very chronic, but it almost always recovers after a longer or shorter period. When the hair grows again it appears exceedingly fine and fair, and only gradually recovers its original colour.

In children alopecia is sometimes confounded with ringworm (*q. v.*).

TREATMENT.—Improve the general health by diet, fresh air, sunlight, exercise, etc. Wash the head thoroughly, and once a week rub into the patches an ointment containing one grain of *Biniodide of Mercury* to two ounces of *Vaseline. Sepia* internally seems of value.

223.—Favus.

DEFINITION.—A contagious condition, due to the growth of a fungus called the *Achorion Schönleinii*, closely allied to that of ringworm.

It is uncommon in England, and chiefly found in aliens or their children.

The scalp is the usual seat of the disease, which latter presents itself as small sulphur- or straw-coloured cupped crusts, which coalesce and give rise to honeycomb appearance, and emit a peculiar mouse-like odour.

The fungus penetrates much more deeply into the skin than does that of ringworm, and is therefore even more difficult to destroy.

The only successful treatment is by means of the X-rays.

224.—Tinea Versicolor.

This is the commonest cause of pigmentation of the trunk and the pigmentation results from the growth of a fungus (*Microsporon furfur*) in the horny layer of the skin.

The eruption is closely associated with a distaste for the use of soap and water, and a predilection for the use of the same undergarment by night as well as by day. It commences as small red points, with itching. Slightly elevated, greasy, somewhat scaly patches of a fawn-colour appear on chest, abdomen and arms. These vary in size from that of a threepenny piece to that of the size of the palm of the hand, and are much irritated by flannel.

TREATMENT is easy, but must be persisted in until all traces of the eruption have vanished, or relapse is certain to occur. The underclothing must be changed on going to bed, and the body is to be bathed daily with free use of soap. The affected parts are to be bathed with a lotion of *Hydrargyrum perchloridum* or *Hydrargyrum biniodatum*, of strength one to a thousand of water, or with a lotion made of one ounce of the British Pharmacopœial preparation of *Sulphurous acid* to three ounces of water.

225.—Pediculosis.

Pediculi, or lice, suck blood through a proboscis which is inserted into a sweat duct, and in doing so cause minute subcuticular hæmorrhages. In susceptible persons a wheal may develop round the puncture. There is much itching, but in different persons the degree of irritation evoked varies to a very marked extent.

Men who keep their hair short are seldom attacked, but uncleanly women often suffer, and even those who are most particular may be infected in some accidental manner, and the improbability of the affection may lead to disastrous delay in making the diagnosis. Unlike the parasite of itch, lice are true insects.

Three different varieties of lice infest the human species, distinguished in name from the region with which they are associated. They are: the head louse, the body louse, and the pubic louse. They restrict themselves jealously to their particular haunts, though it not infrequently happens that a single individual becomes the host of all three species. All three are remarkably fertile, and a man who becomes infected with pediculi pubis, if well covered with hair, within a week will be infested over all his hairy parts.

The body louse lives entirely, except when feeding, on the clothes, and it is here that the ova are to be found. The other two species deposit their ova, familiarly called "nits," upon the hairs, and attach them thereto by a tough gelatinous sheath, only soluble with difficulty in *Acetic acid.* The sheath can, however, be slipped along the hair easily enough, and removed in that way. It is, however, a very tedious business thus to remove nits in a severe case of infection with head lice. The head louse possesses the interesting quality of varying in colour according to that of the host on which it is found.

In the case of head lice impetigo speedily becomes engrafted upon the pediculosis, and the presence of impetigo should always call for suspicion of pediculi.

The diagnosis of pediculosis depends upon the discovery of the louse, or at least of a nit.

TREATMENT.—The treatment of pediculosis is simple and satisfactory.

All that is necessary in dealing with the body louse is the application of simple *Sulphur* ointment and—most important—efficient disinfection of infected garments or bed-clothes by boiling or fumigation.

In treating the head louse it is seldom or never necessary to cut the hair. The adult insects are speedily killed by the application of the ammoniated *Mercury* ointment of the British Pharmacopœia. The nits may be removed with a fine comb after the hair has been washed with spirits of wine. It is wise to bathe the area of infection daily for a period with a lotion of *Biniodide of Mercury* (one part to two thousand of water).

226.—Scabies—Itch.

DEFINITION.—A contagious eruption of the skin caused by the burrowing of a minute parasite—*Sarcoptes hominis* or *Acarus scabii.* It is not a true insect, but is an arachnid, and so is allied to the spiders.

The female Sarcoptes can be seen readily with the naked eye, and has a pearly white colour. It is only the female which penetrates beneath the skin and makes the burrows which are characteristic of the infection.

These mites produce troublesome and distressing eruptions in the folds where the skin is most delicate, as in the web between the fingers and toes, the backs of the hands, the armpits, and the front of the abdomen.

The head and face are rarely involved. The rash is most commonly of a papular and vesicular character, and intensely itchy, especially in the warmth of bed.

TREATMENT.—The treatment of scabies is simple and satisfactory. From time immemorial *Sulphur* has been used successfully for this complaint, and there is no reason to seek other means.

The great principle of the treatment is to act energetically and to discontinue the treatment promptly.

The patient should have a hot bath, and for adults a quarter of an ounce of *Sulphurated potash* should be added for every gallon of water. All regions liable to be the seat of burrows should be scrubbed thoroughly with soap and water. *Sulphur* ointment is then rubbed well in, and plastered on. The same process should be repeated on the following evening. The patient preferably wears old clothes covered with *Sulphur,* and in the meantime the original garments are disinfected by baking or boiling. The bedclothes must not be forgotten.

In many districts there are now arrangements for the reatment of scabies at the public expense. The patient s supplied with a sulphur bath and ointment and his clothes are disinfected while he is bathing.

After forty-eight hours treatment the scabies should be ured. Persistence with *Sulphur* will only lead to a rash, which has often been ascribed to persistence of the scabies.

Stavesacre ointment may be used effectively, has no ffensive smell and causes no skin rash.

27.—Irritation caused by Stinging Insects and Plants.

The most common insect-stings and bites are those f the Wasp, Bee, Hornet, Gnat, and Mosquito. These, hough painful, are not serious, except when a tender part, or sensitive or important organ of the body, is attacked; or when the multiplicity of the wounds is so great as to produce general or venomous symptoms. Thus a man has been stung to death in a short time by a swarm of bees; when the eye is stung the consequences are liable to be serious; and a sting in the pharynx, as from swallowing a piece of honeycomb with a bee concealed therein, may be very dangerous. Spiders, tarantulas, and centipedes may all give dangerous bites which may end in erysipelas or other septic conditions; and mosquitoes, bugs, gnats, midges, ticks, and various flies, quite apart from their danger as transmitters of specific diseases, may cause very irritating bites, which in themselves or by subsequent contamination, may lead to serious consequences.

In India and other hot countries, various other insects, besides the mosquito, attack man, and are sources of irritation and annoyance; "for every animal, insect, or reptile, in the warmer lands, is distinguished for its ferocity and pugnaciousness." The *ant*, especially the *black ant*, and the *cockroach*, are common and troublesome—the latter especially on board ship. It attacks the toes of persons asleep, and this so insidiously that the sleeper is not awoke until the quick is reached and the blood flows. The eyebrows, as well as the toenails, are also liable to suffer, unless protected. "There is a small *black-beetle* in India, found in the short grass and herbage, which is dangerous to persons lying on the ground, as it attempts, if possible, to enter the ear. Children are frequently attacked by it, and the agony caused is extreme. The only effectual remedy, and it is effectual, is to pour a little oil into the ear, which so disgusts the beetle that it backs out, leaving the person uninjured. Such, however, would not be the case if force should be attempted in the extraction."

Nettle-stings, and those of other plants, do not cause much disturbance besides the local irritation.

TREATMENT.—*Ledum Palustre* is the most useful remedy for common stings and bites. It should be applied locally, in a diluted form—twenty drops of the tincture to half a wine-glass of water. Should *Led.* not be at hand, *Rhus* or *lime-water* may be substituted. If neither of these remedies be available, *Allium Cepa* (the common onion) should be promptly applied; a piece cut off and at once placed on the wound, or a little weak *Ammonia* or *Hamamelis* ɸ. *Camph.* also is useful. If there be much swelling *Apis* should be given. *Acon.* will speedily remove febrile symptoms. For Venomous and Poisoned Wounds see the next Section.

ACCESSORY MEANS.—If a bee or other stinging-insect be the cause of the trouble, examination must be made for the sting, as this is often left in the wound; if present, it must be carefully extracted by the fingers or by a pair of fine-pointed forceps. If this cannot be done, and the sting has entered the skin perpendicularly, the pressure of a small key may be tried; the centre of the hole should be placed over the wound enclosing it, and sufficient pressure should be used, when, probably, the sting will be squeezed out. The wound should then be well sucked to extract the venom, as directed in the next Section. After this, the lotion should be applied; or, if the pain be very great, hot fomentations.

Mosquitoes may be prevented from troubling in the night by taking the precaution of rubbing a little soap on the hands before going to rest. This is said to be a certain remedy. Honey is also good, but from its sticky nature is more disagreeable than the soap. Dilute *Ac.-Carbol.* is, however, the most sure protection from insect irritation. The hands, face, and other exposed parts should be washed with a weak solution once or twice daily. The *Cockroaches* of hot climates may be got rid of, it is said, by burning the bodies of two or three, and letting them lie about; the smell drives the rest away.

228.—Poisoned Wounds.

Poisoned wounds may be made by venomous animals—Snakes, Scorpions, etc.; by animals having infectious disease; by dead animal matter; by morbid secretions; by vegetable substances; poisoned arrows; subcutaneous injection, etc.; or by mineral substances.

SERPENTS are venomous in a variable degree, according to the dose of venom injected with the bite, its relative toxicity, the site of injection, and the age and power of resistance of the individual bitten.

The bite may be almost immediately fatal from paralysis of respiration and of the heart when an overflowing dose of very toxic venom is injected as may happen in cobra bite. If by any chance the venom is injected directly into a vein it leads to a general clotting of the blood, vomiting, collapse, and death.

The *Viper* is the only poisonous snake in the British Isles, and its venom does not often produce death in human beings except when the victim is a child or very weak person.

Deadly snakes are generally distinguishable by the thinness of the neck, immediately behind the head, and by their *graceful* forms and *brilliant* colours; also by their having only two teeth in the upper jaw.

TREATMENT.—The prompt and thorough treatment of poisoned wounds is highly important, especially if they result from the bites of venomous reptiles.

(1) The first object to be attempted is arrest of the circulation of the poison. A handkerchief, rope, elastic ligature, or anything else to serve the purpose should be tied tightly round the limb, between the wound and the heart. While this is being done, if possible a second person should extract the poison as suggested in the next paragraph.

(2) The wound should be sucked with all the force the patient can command; or, if unable to do it himself, an attendant should do it for him. No danger attaches to the person thus sucking the wound so long as the poison does not come in contact with any *abraded* or otherwise imperfect surface of the mouth or other part of the body. Bleeding from the wound should be encouraged.

The whole of the bite should at once be excised and crystals of *Permanganate of Potash* rubbed into the wound until it is black, or *Peroxide of Hydrogen* applied. Afterwards rub fine salt into the wound.

(3) *Alcohol,* in any of its forms—brandy, whisky, gin, etc.—according to Dr. Hill's testimony, should be drunk largely by the patient. He says: "Let him drink it freely, a gill or more at a time, once in fifteen to twenty minutes (or small doses oftener), until some symptoms of intoxication are experienced. . . . It is remarkable how much alcohol a patient suffering from the poison of a Rattlesnake will bear. A little girl of ten years, who had been bitten by a Rattlesnake, took over three quarts of good strong whisky in less than a day, when but slight symptoms of intoxication were produced. She recovered from these symptoms in a

few hours, and suffered no more from the poison of the serpent. Instances of cures with whisky are numerous, and I have never heard of a failure when it was used as here directed. I presume it will do the same for the poison of other serpents." Alcohol so prescribed is given as a material antidote to a material poison.

(4) *Carbolic Acid*, applied locally, and administered internally, is recommended in cases of poisoned wounds.

(5) *Arsenicum*, in a low potency (1st or 2nd dec.), may be given if symptoms of rapid prostration occur. Thus administered, it tends to correct the poisoned condition of the blood, and acts strictly homœopathically.

Professor Halford, of Melbourne, speaks of the injection of *Ammonia* into the veins in cases of snake poisoning in the most eulogistic terms, and brings forward strong evidential warrant for his statement.

Excision of the wounded part may be required in some cases; but would probably be rendered unnecessary by the *Carbolic Acid* treatment just pointed out.

OTHER POISONED WOUNDS should be treated, according to their nature, by appropriate antidotes. In the case of wounds from the introduction of mineral substances under the skin, those to which workmen —mechanics, founders, and others—are liable, the offending material has generally lodged in the body and produced disturbance in the part before its presence is suspected. Inflammation is the result, and suppuration should be encouraged, as this is generally the only means of eliminating the poison. The treatment recommended for Abscess is appropriate to this condition, with, in some cases, the aid of *Ars.*

CHAPTER XII.

MISCELLANEOUS DISEASES.

229.—Angular Deformity of the Spine—Kyphosis—Pott's Curvature.

DEFINITION.—An angular deformity of the spinal column due to erosion and destruction by tuberculous disease (*q. v.*) of the bone, on the anterior aspect of the column.

It is liable to be associated with the formation of large abscesses, and with nervous symptoms referable to pressure on the spinal cord. It may occur at any period of life, but in at least fifty per cent. of cases it attacks children below the age of ten.

The tuberculous process may affect any portion of the spine and as a rule is limited to one region. The spinous processes of the affected vertebræ project and form a prominence in the middle line of the back.

CAUSES.—Sometimes a fall, or blow, or other local injury is referred to as the immediate cause of the disease; but the true cause is tuberculous infection of the bones. The progress of the disease is not necessarily rapid, hence the deformity may not become prominent till adult life.

TREATMENT.—Attention should be given to the constitutional cachexia, and the following remedies be administered as may be most appropriate :—*Calc.-Phos., Calc.-C., Ac.-Phos., Sil., Hep.-S., Sulph., Asaf., Mez.*, etc. (See also the Section on "Tuberculosis.")

One important feature of the treatment is to relieve the pressure on the diseased bones and cartilages; and to accomplish this rest to the affected part for a period of at least a year is absolutely required. This is attained by suitable apparatus which fixes and supports the spine. Generous, nutritious diet must be given, and deleterious elements avoided. Bathing and friction should be daily practised. When sufficiently recovered, out of door exercise in fine weather, with the suitable supporting apparatus, should be secured.

230.—Lateral Curvature of the Spine—Scoliosis.

DEFINITION.—A persistent deviation of the spine from the natural erect form to the right or left side; chiefly affecting females from about the age of ten to sixteen or upwards. A curvature is said to be right or left according as the convexity of the curve is towards one or other side. The spine assumes a double curvature—one being termed primary; the other is a conpensatory curve in the opposite direction to restore the balance disturbed by the primary curvature, and is termed secondary.

SYMPTOMS.—The spine is curved something like the letter S, and also twisted in its long axis; one of the scapulæ, and the other side of the bosom project, and one (usually the right) shoulder and side of the chest are preter-naturally high and rounded, while the opposite are depressed and concave. Correspondingly, the hip on the side opposed to the convexity projects, and the loin on the same side is curved inwards.

CAUSES.—Spinal curvatures are readily produced, in weakly patients, by occupations and pastimes that tax one side of the body more than the other; bad postures while sewing, ironing, writing, drawing, reading, playing the piano, riding, carrying a child on one arm, and the exercise of many kinds of handiwork. Even bad postures in lying, sitting, and standing are liable to cause Lateral Curvature. All occupations which require the raising of one shoulder-blade and arm, *standing at ease on one leg*, crossing the legs, sitting on one side of the seat, leaning on one hip; want of unrestrained open-air exercise; tight dresses; stays and bodices with steel, whalebone, or wooden supports, may operate as causes of curvatures. One leg being shorter than the other, walking with an artificial leg, Hip-joint disease, Rickets, paralytic affections of the lower extremities, Rheumatism, etc., may also cause distortion.

Scoliosis is due to the combined influence of weak muscles and ligaments, imperfectly ossified bones, and the repeated, or habitual assumption of faulty attitudes. The excessive use of one arm in the carrying of weights, the habit of resting on one leg more than the other, or the occasional assumption of a faulty attitude, in writing or in playing the piano or violin, doubtless determine the seat and direction of the curvature, and when it has once commenced tend to aggravate and perpetuate it, but too much stress has hitherto been laid on such factors in the causation of the deviation.

The development of scoliosis is always slow and insidious. As a rule attention is first attracted to the deformity about the age of puberty, but in most cases it has existed for a considerable time before it is observed. The patient—usually a girl, though it occurs in boys—is easily fatigued, has difficulty in keeping herself erect, and often complains of pain in the back and shoulders, and along the spaces between the ribs on the side of the convexity. To relieve the muscles of the back she is inclined to lounge in easy and ungainly attitudes.

TREATMENT.—This must be both constitutional and local, and be regulated by the nature, extent, and cause of the deformity. If treatment is neglected, curvatures, however slight, will certainly get worse, for the extreme flexibility of the spine in youth, while it offers a favourable condition for cure, equally tends to an aggravation of the deformity if treatment is neglected. Further, as rigidity of the column increases with years, so the prospect of improvement diminishes ; at the same time, and for the same reason, Curvatures of long standing are less likely to grow worse.

REMEDIES.—*Calc.-Phos., Calc.-C., Ac.-Phos., Sil., Puls., Sulph,* etc. Externally, a weak *Arnica Liniment* may be used.

The child must not be allowed to assume awkward attitudes while reading, writing or playing the piano ; she must sit on a low chair, the seat of which slopes slightly downwards and backwards, and the back-rest of which reaches as high as the shoulders, and is at an angle of 100° to 110° with the seat. The feet should rest on a sloping stool, and when the child is reading or writing, a desk sloping at an angle of 45° should be used. In weakly girls approaching the period of puberty, special care should be taken to avoid compression of the trunk by tight corsets. Adenoids or other sources of respiratory obstruction must be removed, and if the patient is short-sighted suitable glasses should be provided. Standing should be avoided as there is great tendency to throw the weight on to one leg, but walking, running, swimming and other exercises which bring both sides of the body into action equally are permitted under supervision. Horse-riding is a suitable form of exercise, but girls must ride astride.

In mild cases the above measures must be rigidly enforced, and gymnastic exercises prescribed. These should not be commenced, however, until after a period of rest in the recumbent position, all pain and feeling of tiredness in the back have disappeared.

In cases in which the curvature is not obliterated by suspension the deformity is irremediable, but by suitable exercises it may be prevented from becoming worse.

Appliances, such as supporting jacket, have no curative effect and can only be expected to relieve symptoms.

231.—Morbus Coxæ—Tuberculous Disease of the Hip-Joint.

This is a slow, insidious, and serious disease. The child is supposed to be suffering from "growing pains" for months before the disease assumes an active form.

Symptoms.—The first distinctive symptoms are—slight pain, *not infrequently referred to the knee*, lameness, and weariness, and the limb is flexed and relaxed. Remedies are often applied to the knee, but the disease is in the hip. As the disease progresses, the nates of the affected side waste and become flabby; the limb is shortened, either by caries of the neck of the femur, or by destruction of the ligaments of the joints and consequent dislocation of the joint upwards on the *dorsum ilii.* There is increased fulness about the limb, the pains increase in severity, especially at night, and there are often startings of the limb during sleep; Abscesses form, and afterwards burst on the nates or groin, or burrow deeply and discharge their contents into the rectum. *Wasting of the nates of the affected side* is one of the earliest symptoms of disease of the hip.

The *duration* of the disease varies from two to three months to several years. But it is much modified, both as to its duration and results, by skilful treatment.

White swelling of the joints is a disease of similar character.

TREATMENT.—The medicines likely to prove beneficial are *Acon.*, *Bell.*, *Tub. bov.*, *Coloc.*, *Hep.-S.*, and *Ars.*, in the early stage of the disease; for special symptoms, *Calc.-C.*, *Sil.*, and *Phos.*

ACCESSORY TREATMENT.—Rest of the affected part; surgical appliances are necessary to insure it. The *diet* should be nourishing, and include *Cod-liver oil.* Pure air, and especially a change by the sea-side, will expedite the cure. (See under "Tuberculosis.")

232.—Acute Abscess.

Acute circumscribed abscess is the term applied to a localized rapidly formed collection of pus in a cavity produced by the suppurative process.

(*a*) *Acute Abscess* commences with a sensation of tension, gradually increasing to a definite throbbing pain, tenderness, heat, bright redness, and swelling of the part; these symptoms are soon followed by suppuration, which is marked by an alteration in the colour of the skin, and a change in the character of the pain, the former being livid, and the latter less acute, being rather felt as a sensation of weight and tension. After this, the parts between the Abscess and the surface become successively softened and disintegrated. The tumour becomes more and more prominent; the centre exhibits a dusky-red or bluish tint, the cutis ulcerates, the cuticle bursts, and the pus escapes. But where pus is formed under dense fasciæ, or deep in the breast or pelvis, and cannot quickly make its way to the surface, the pain is not relieved, but much aggravated by the increase of distension; and constitutional fever and chills are much more intense.

(*b*) CHRONIC ABSCESS first appears as an indistinct tumour, the fluctuation being more or less marked according to the distance from the surface. The inflammatory symptoms of the acute variety are altogether absent, unless the disease be far advanced or accidentally irritated.

ABSCESS AND DISEASED BONE.—Chronic Abscess is sometimes a consequence of *Inflammation of bone.* This may be suspected whenever persistent inflammatory enlargement and tenderness exist, especially if it can be traced to an injury, and there is a fixed pain at one particular spot, which is *increased at night.* Often requires surgical measures for its relief and cure.

MAMMARY ABSCESS—gathered breast—is specially treated of in "The Lady's Homœopathic Manual."

CAUSES.—Abscesses, with few exceptions, are indicative of constitutional debility, and are a frequent sequel of low exhausting fevers. Sometimes they result from blows, or from foreign bodies introduced into the skin or flesh—splinters, thorns, etc.

Diseased bone, as stated above, may cause Abscess, or inflammatory enlargement of a part.

EPITOME OF TREATMENT.—

1. *Before suppuration.*—Acon., Bell., or Merc. Lint saturated with a lotion of the same remedy as administered may be used locally.

2. *During suppuration.*—Hep.-S., Sil., Ars., China.

3. *After suppuration.*—Calc.-C., China, Ac.-Phos., Sulph., etc.

LEADING INDICATIONS.—*Hepar Sulph.* This remedy promotes the *suppurative process* in acute Abscesses, and is frequently sufficient. The local measures pointed out further on should be adopted.

Silicea.—Tardy, *long-continued* discharge ; chronic Abscesses and *Abscess of bone.* It facilitates suppuration, or moderates it when excessive.

Mercurius.—Painful Abscess, with copious discharge of thick matter ; chilliness, with thirst, and *nocturnal aggravation of the pains.*

Belladonna.—Severe *pains, Headache,* and much constitutional disturbance.

Arsenicum.—Severe *burning pain,* with symptoms of general *vital depression ;* Abscess having a gangrenous appearance, or discharging pus tinged with blood.

China.—Abscesses following prolonged disease ; prostration, from *excessive discharge of matter or blood,* Diarrhœa, etc. It generally sustains the constitution during suppuration.

Calcarea.—This remedy assists the healing of the Abscess after suppuration is completed, and the elimination of disease from the constitution.

Aconitum.—Well-marked, *feverish* symptoms, during any stage of the disease.

LOCAL TREATMENT.—In the early stage, when suppuration is doubtful, treat as for acute inflammation with hot fomentations frequently repeated. Abscesses arising from local injury should be freed from all sources of irritation, such as thorns, splinters, etc. Fomentations relax tension, and, consequently, relieve pain ; if applied directly an Abscess begins to develop, they will either disperse or restrict the formation of pus. If suppuration have proceeded too far to be arrested, fomentations facilitate the progress of the pus to the surface and its ultimate expulsion.

OPENING OF ABSCESSES.—When the presence of pus is clearly indicated, it ought to be let out by incision. The latter relieves all the symptoms quicker, acclerates healing, and much less scarring will remain when healing is complete than if the abscess be left to burst spontaneously. An abscess left to itself may, moreover, discharge into some internal cavity, where the result may be serious. For those who dread pain even in the trifling operation here referred to, the use of local anæsthetic agents is recommended.

After an Abscess has been opened, and its contents discharged, the *Calendula lotion* (one teaspoonful of the tincture to three tablespoonfuls of water) greatly expedites recovery. It may be applied on a fomentation, covering it with oil-silk. The dressing should be renewed two or three times a day.

DIET AND HYGIENE.—As Abscesses are generally indications of debility, a liberal allowance of nourishing food is of great importance; it should include good animal broths, broiled mutton chops, chocolate or cocoa, and, in some cases, but rarely, good beer or wine. Change of air, with residence by the sea-side or in the country, forms an important part of the hygienic treatment.

233.—Ganglion.

DEFINITION.—A Ganglion is a small swelling, filled with fluid or jelly, formed on one or more of the tendons, frequently of the back of the wrists, rarely larger than a child's marble, generally smaller, attended with weakness, but free from pain.

CAUSES.—Protrusion of the lining synovial membrane through the fibrous tendon sheath. Ganglions are often seen in pianists who practise many hours daily. But they are not confined exclusively to this class of persons.

TREATMENT.—(1) Subcutaneous rupture by pressure. (2) Puncture followed by pressure. (3) Excision. A method suggested by Dr. Clifton, of Northampton, is the internal and external use of *Benzoic Acid*; 2 drops of the 2x dil. thrice daily. For external use *Benzoic Acid*, gr. iij.; Glycerine Cerate, ℥j.; to be well rubbed into the part morning or night. *Phyto.* and *Mez.* are also efficient.

234.—Obesity—Corpulence.

DEFINITION.—The excessive accumulation of fat under the skin and around the organs of the body, so as to exercise a prejudicial influence on the health, usefulness, or comfort of the patient. It is not a favourable condition for resisting disease.

Obesity may be said to exist only when fat is present in such large quantities as to disqualify the person for performing the various duties of life, by occasioning difficulty of breathing, panting on slight exertion, deranging the circulation, and causing various functional disturbances, with diminution of mental and bodily activity. The term *Corpulence* is restricted to cases in which the quantity of fat is not so great as to amount to positive inconvenience or discomfort.

CAUSES.—*Hereditary* tendency or constitutional predisposition can alone account for the excessive accumulation of fat in many instances. Some persons are naturally fat, others lean; some become corpulent on a moderate diet, others spare in the lap of luxury. These are matters of common observation, but of which we can offer no explanation. *Age* exercises considerable influence; children are usually fatter than adults; after the middle period of life, fat often accumulates in considerable quantities. In old age, however, the adipose tissue, and the fat it contains, generally diminish. *Race*, again, is an important element in the question. The Americans are remarkable for their leanness, and the Arab is almost destitute of fat; Europeans, and especially the English and the Dutch, on the other hand, are proverbially fat; hence, John Bull is always pictured excessively corpulent.

Besides individual or accidental causes of corpulency, the following circumstances directly influence the production of fat. *Food*, rich in hydrocarbons; for although a certain amount of such food is necessary to maintain the temperature of the body, if it be taken in excess, such excess is often stored up as fat. *Ease of mind* and *repose of body* are conditions highly favourable to the formation and accumulation of fat; whereas anxiety, fretfulness, night-watching, etc., have a directly opposite effect. Thus science proves the truth of the adage—"A contented mind is a continual feast." A *comfortable temperature* is an important element in the production of corpulence; for although a high temperature does not directly engender fat, it is a condition favourable to the formation of fat, and one in which less is consumed.

TREATMENT.—The treatment of Corpulence brought prominently before the public by the late Mr. Banting,* in the simple story of his remarkable experience, proves that a proper diet alone is sufficient to remove the condition, with its long train of evils, without the addition of nauseous drugs, or of those active exercises which it is in vain to instruct unwieldy patients to take.

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* See the Fourth Edition of Mr. Banting's pamphlet.

The chief feature in the *Banting dietary* is the exclusion of two elements—starch and sugar—from the ordinary food of a well-to-do gentleman:—*Bread*, (except toasted, or the crust off a common loaf), *potatoes, sweet roots, butter, sugar, cream, beer, port* and *champagne.*

These articles of food and drink contain starch or saccharine matter and are the chief fat-producing elements in our dietary, and to relinquish them is often the only means necessary to escape the thraldom of corpulence. In one year, on this diet, Mr. Banting reduced his weight 46 lbs., and his bulk about 12 inches; at the same time his numerous corporeal infirmities were greatly mitigated or altogether removed. Seven years afterwards he wrote:—

> "I can conscientiously assert that I never lived so well as under the new plan of dietary, which I should formerly have thought a dangerous, extravagant trespass upon health; I am very much better, bodily and mentally, pleased to believe that I hold the reins of health and comfort in my own hand."

The "*Plan of Dietary*" suggested in Sec. 2, with the sugar, butter, cocoa, superfluous bread, potatoes, etc., eliminated from it, would meet the requirements of most corpulent persons admirably. A *Banting* diet cannot, however, be recommended indiscriminately. Persons who may deem it necessary to make great changes in their diet should consult a physician.

As a *résumé* for the guidance of the corpulent, it may be said that the fat of meat; butter, cream, sugar and sweets; pastry, puddings farinaceous articles, as rice, sago, tapioca, etc.; potatoes, carrots parsnips, beet-root; sweet ales, porter, stout; port-wine and all sweet wines, should be avoided, or only taken to the most sparing extent. The articles allowable, and they should be taken to the extent of satisfying a natural appetite, are lean meat, poultry, game, eggs, milk moderately, green vegetables, turnips, succulent fruits, light wines (as claret, Burgundy, hock, etc.), dry sherry, bitter ale in moderation, and spirits. Wheaten bread should be consumed sparingly, and brown bread is to some extent better than white. The gluten biscuits prepared for the diabetic may, on account of their comparative freedom from starch, be advantageously used as a substitute for bread in the treatment of Obesity.—*Pavy on Food.*

235.—Old Age; and Senile Decay.

Human life may be divided into three great epochs—the period of development, that of middle life, and that of physical decay.*

Under the first division is included the whole time from birth up to about the twenty-fifth year, during which the vegetative organs and those of the lower animal life are consolidating. The central nervous system is more slow in reaching its highest development, and the brain especially is many years later in acquiring its maximum of organic consistency and functional power.

The middle period of life—between about the twenty-fifth and the forty-fifth year—is the time that the individual is subjected to the greatest pressure from external causes. The industrial classes are absorbed in the struggle for maintaining themselves and their families; the rich and idle are immersed in dissipation, or haunted by the mental disgust it excites. At the same time, the women are going through the exhausting process of child-bearing, and are either surrounded with the cares and duties of a poor household, or equally pressed with anxiety to attain positions for themselves and their children in fashionable life; or they are idle and heart-weary; or forced to an unnatural celibacy. Frequently they are both idle and anxious.

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* See Dr. Anstie on Neuralgia, in *Reynold's System of Medicine,* vol. I.

The period of decline may be said to commence when the first indications of distinct physical decay manifest themselves, and when a new set of vital conditions come into force. But there are no sharp lines of demarcation between the epochs thus indicated, the one insensibly growing into the following.

YOUTH AND AGE.—Although the activity of the growth of the organs in childhood and youth offers a striking contrast with their decline in old age, there is, notwithstanding, a resemblance in the diseases of the two extremes of life, like the tints of the rising and setting sun. Infantile Convulsions, and senile Convulsions; infantile Diarrhœa, and senile Diarrhœa; infantile Eczema, and senile Eczema; may be adduced as illustrations of the resemblance of the diseases affecting the two extremes of life. In the early period the constitution has not acquired its vigour; in the closing, it is losing it.

To the mere worldling, old age is repulsive. But when life has been spent wisely—errors corrected, and heart disciplined, and the intellectual and moral powers are in the ascendant—old age—moderated, chastened, elevated—presents a spectacle happily described as a "crown of glory." A human being who, after fulfilling all the duties of life, is still living in a "green old age"; whose "eye is not dim, nor his natural force abated," thus ripened for the future, may well command our admiration and veneration.

The decay of nature is *gradual*, and does not affect all the structures of the body equally at the same period;

it also begins in some at a comparatively early, and in others not until a considerably advanced, period of life. The following are illustrations of the changes attendant upon old age, and they exercise an important influence in accelerating that final one which is the common lot of humanity.

I. THE BONES.—These undergo very characteristic changes. In infancy and childhood the *animal* element predominates; hence we can explain why the bones are then so pliant and fractures so rare. In adult life, the relative proportions of bones may be approximately stated as consisting of one-third of animal and two-thirds of earthy matter. In advanced age, the earthy matter is in excess. This alteration in their composition renders the bones extremely brittle and liable to fracture. Fractures, too, are then more oblique and comminuted, and more inapt to unite firmly, than those occurring at an earlier age.

II. THE MUSCLES.—The minute cells, aggregated in the form of fibres, of which the muscles of the body are composed, are rapidly destroyed by the contraction of the muscles; but in vigorous life, by the digestion and assimilation of food, they are as rapidly reproduced. In old age, on the contrary, the disintegrated cell-tissue is but tardily repaired, and the muscles become soft, flabby and pale from an insufficient supply of blood; they are consequently unequal to severe or protracted exertion; and, there being no reserve, muscular debility is easily excited, and the strength but slowly and imperfectly restored.

III. THE HEART.—Another most important and frequent change is one that takes place in the textures of the central organ of circulation. The heart becomes weakened from senile softening, and degeneration of its muscular structures into fatty tissues; its pulsations are thus rendered less and less efficient to propel the blood to the extremities. The blood failing to complete its circuit, the hands and feet become cold, the decline of temperature gradually extending to the central organs of the body. This reduced power of the heart, with the disposition to *atheromatous* deposits in the coats of the blood-vessels, referred to in the next paragraph, with subsequent ossification of the valves of the heart, is one of the most common and fatal changes attendant upon old age. These changes as they proceed are generally hidden and painless.

IV. THE BLOOD-VESSELS.—In the silent progress of years the arterial system is liable to undergo changes which are incompatible with the performance of its important functions. The arteries may gradually become diseased and in the sites of disease lime salts are deposited, forming hard patches, of greater or less extent, often so considerable as to lead to changes of a vital character by destroying the elasticity of the arterial tubes, and deranging the circulation of the blood in the parts to which they conduct. Thus the nutrition of the body is impaired, and the functions of the nervous and muscular systems are only imperfectly performed. Further, the calcareous patches in the coats of the arteries may lead to their rupture, or become causes of Aneurism, Gangrene, Apoplexy, etc., forms of disease to which the aged are especially liable. Apoplexy, from this cause, is one of the most frequent causes of death in old age. The cerebral arteries become diseased, and as the blood is driven into them they give way. Thin persons, in common with stout, whose blood-vessels and heart are diseased, die from Apoplexy.

An observation on the two last paragraphs may not be here inappropriate. Degeneration of the coats of the arteries, and fatty degeneration of the heart, usually occur at the same time of life, and the one condition, happily, counteracts the consequences of the other. The life of an aged person would be in far greater jeopardy, if, while the walls of his arteries were degenerating, the heart retained all its original force. As it is, however, the loss of resisting power of the coats of the arteries finds its counterpart in the fatty metamorphosis of the muscular tissues of the heart.

V. THE VERTEBRÆ.—The changes in the spinal column are very considerable; they alter the external form of the body, and more or less derange the functions of the chief organs. The three graceful curves in the spine, so exquisitely arranged, both to give space and protection to the internal viscera, and for the transmission of the weight of the head and trunk in the line of gravity, become more or less obliterated in advanced life, and the centre of gravity disturbed. The vertebral column also loses its *elasticity;* the disc of cartilage placed between the successive vertebræ, to break the force of shocks and prevent jarring of the brain, partly disappears or ossifies; the mobility of the spine is diminished, and its muscular supports enfeebled, and thus a false step or a trifling accident may be converted into an occurrence of grave importance. The alteration in the curves of the spine produced by the above causes gives that change to the *external form* which is so characteristic of old age. Corresponding with these changes in the spine, as affecting the external form, are others which affect the bones generally. Owing to the diminished size of the muscles, and the absorption of fat from beneath the skin, points of bone in various parts become more angular and prominent, and the limbs lose that graceful and rotund form which was the pride of earlier years.

VI. THE EYES, ETC.—The special senses, as those of sight and hearing, frequently, and sometimes at a comparatively early period, give evidence of approaching decay. The *Arcus Senilus*, a circumferential opacity of the cornea, resulting, it is thought, from fatty degeneration, and sometimes associated with a like degeneration of the heart, is, as its name implies, an affection incident to the aged. *Cataract*—opacity of the crystalline lens, or its capsule, or both—seems to be the consequence of impaired nutrition, and is met with in elderly persons only, except as the result of inflammation or injury. But the most frequent cause of impaired or perverted vision is alteration in the form of the lenticular bodies of the eye—the cornea and the lens—which, losing their natural convexity, interfere with the correct impression on the retina at the proper fixed point of the object of vision.

Defective hearing is another not infrequent attendant upon old age, and may result from various causes, the most frequent being impairment of the acoustic nerve.

VII.—MENTAL FACULTIES.—Associated with these important physical changes, the mental faculties partake of the general deterioration. That the mind retains its vigour and clearness of perception, while the body undergoes decay, is, to some extent, a poetic fiction ; the brain shares inevitably in the physical disorganizations we have noted. This is proved by the effects of disease. During recovery from wasting diseases, especially from those in which the phosphates have been carried off without a corresponding reproduction, the exercise of the brain is not only difficult but dangerous, and it has not infrequently happened that death has resulted from complete breakdown of the nervous system through too early mental work during convalescence.

GRADUAL DECAY.—The various forms of man's decay are gradual and progressive. Death may take place suddenly from Heart-disease, Apoplexy, rupture of an Aneurism, etc. ; but it is only the *termination*, not the disease, that is sudden. For years before the fatal issue, the organ was undergoing degeneration of structure. Death under such circumstances has been compared to the fall of towering cliffs, which crush everything beneath. The catastrophe is terrible, and occurs unexpectedly ; but it was the slow disintegration of many preceding winters' frost that hurled it down the steep. Sudden death is a misnomer in language, except as it takes place from accident or poison.

By the use of the *ophthalmoscope* the character and extent of brain and nervous degeneration can often be detected. Several cases have been recorded in the medical journals from practice, in which Atrophy of the optic nerve was found to accompany disease of the central nervous system. The detection of the particular form of decay from which the life of an aged person may be jeopardised is valuable, not merely for the sake of diagnosis, but because it often affords a clue to the direction treatment should take.

WINTER AND SENILITY.—The climatic conditions of winter are highly favourable for the development of all kinds of weakness and tendencies to organic disease, especially of the brain, heart, blood-vessels, kidneys, and liver. Facts on a large scale prove that defects in these organs manifest themselves most frequently and severely in cold weather. The whole constitution is lowered by the conditions of winter, and, to an extent, devitalized; and medicine can only exercise an indirect power over these conditions, except to prescribe such remedial or preventive measures as we have suggested in this Section—artificial heat, clothing, food, etc., to forestall, if possible, the effects of cold, and to counteract any of the organic leakages we have enumerated.

Premature Old Age.—In alluding to the decay of nature, we may add that we refer rather to the vital decay of individuals than to the mere lapse of years; vital conditions cannot always "be measured by number of years." It is well known that some persons at fifty, or even earlier, are in this respect older and more shattered in constitution than others who have attained to the age of seventy or upwards.

Our present manner of life, business haste, or anxieties, tend to induce premature decay (see Section 94). Probably as the result of improved sanitary measures, a more correct and general recognition of the laws of health, to say nothing of Homœopathic treatment, the attainment of a vigorous old age without a premature feebleness and decay, hitherto so generally observed, will be more common.

Mode of Dying.—Some particulars of the different modes of dying will here be appropriate. Diseases terminate fatally in one of two ways; either by suspending the heart's action, called *Syncope*, or by interrupting the functions of breathing, called *Asphyxia*, or suffocation.

I. Death from Syncope may arise from an insufficient supply of blood to the heart, as from a sudden copious hæmorrhage, or from more slowly acting causes, as deficient food, or defective assimilation. This is *Anæmia*, and its symptoms are dimness of vision, dilated pupils, vertigo, restlessness, a slow and feeble pulse, pallor of the face and lips, coldness of the extremities, cold sweats, irregular gasping respiration, and, finally, insensibility, with or without convulsions. If the heart is examined after death, it is found nearly or quite empty, and contracted.

Death from syncope may also arise from failure of the contracting power of the heart, as occurs in Pericarditis, Peritonitis, and in some forms of poisoning. This is *Asthenia*, and the symptoms are—quick, feeble or imperceptible pulse, cold extremities, and clammy sweat of the general surface, the intellect usually remaining clear to the last. After death the right cavities of the heart may be found full of dark blood, while the left are distended with red blood.

II. Death from Asphyxia may result in three different ways. First, by obstruction to the entrance of air into the lungs, as in drowning, strangulation, œdema of the glottis, Croup, etc. The change of venous blood into arterial in the pulmonary capillaries is stopped, while the unchanged blood circulating in the arteries paralyzes the nervous system. The symptoms are —quickened, laboured breathing, violent action of the auxiliary muscles of respiration, protruded eyeballs, swollen and livid countenance, distension of the veins of the neck, and soon loss of consciousness, often with muscular twitchings or convulsions. The heart and arteries continue to beat after breathing has ceased, and f the lungs are examined after death, the right cavities are found distended with dark blood, but the left empty.

Secondly, the nervous system may be primarily at ault from structural disease in the brain, or of the irculation through that organ of poisoned blood, as appens in Uræmia and various specific fevers ; a state of stupor, or insensibility to external impressions, is induced, the *medulla oblongata*, and through it the nerves of respiration, are paralyzed, the respiratory movements become embarrassed, and, finally, entirely cease. This is *Coma*. Here too, the blood is not aërated, and similar consequences ensue. But there is this difference ; the mechanical movements of respiration suffer before its chemical functions, and the brain is primarily affected, and the lungs secondarily. In Coma, loss of consciousness precedes difficulty of breathing, and the respirations become slow, irregular, and stertorous from diminished sensibility. Thirdly, this mode of dying may be occasioned by blocking the pulmonary artery, and, in consequence, stoppage of the supply of blood to the lungs. A fibrinous clot is carried into the pulmonary artery, and suddenly and completely arrests circulation in the lungs, or if the obstruction is incomplete, the patient may survive for several hours. This is *Embolism*. The symptoms are extreme dyspnœa, coming on suddenly, with pallor and faintness.

But under whatever circumstances death may take place, it is in keeping with those ceaseless changes which characterize the general world of matter ; the body no longer being of service in its material capacity, is transformed to reappear in other conditions, or in other combinations. The earth itself upon which we tread, and from which we derive our food, the solid rocks from which we rear our habitations, are ever-varying theatres composed of the fragments of pre-existing organic beings, out of which are constantly springing forth new forms of utility and beauty. As the body is resolved into its original dust, and the simple elements of which it is composed pass into other combinations and other forms, we believe man himself becomes disengaged from the physical, and passes up from a lower to a higher form of life. The disentanglement takes place slowly, as the body wears out by age, or at any time of life, as the result of disease or violence.

TREATMENT OF THE AGED.—There are many ailments peculiar to the approach of old age which require special medical treatment, or the application of particular measures in which we are often rewarded for the timely use of appropriate remedies, and the prompt employment of judicious means, by seeing the flickering flame rekindled, and valuable life considerably prolonged. On two or three points only can we make some general observations.

1. FOOD.—Food should be of a much less solid form than during the vigour of adult life. Just as nature provides fluid food during infancy before the teeth appear, so the loss of teeth, a common attendant upon old age, necessitates a return to a form of food that does not require mastication. Inattention to this point is, we believe, one of the most fruitful causes of the impaired digestion, weakness, and sufferings of the aged.

Frequently, artificial teeth cannot be tolerated, and the only path of safety lies in the adoption of an almost exclusively fluid diet. We have had many cases under care in which our advice on this point has been carried out with the most beneficial results.

2. REST.—This is essential to the health and safety of the fragile frame of the aged. The sports and exercises of youth, or the exertions of maturer age, would fracture the bones, rupture the tendinous portions of the muscles, or occasion a blood-vessel to give way. To the aged long-continued exercise and too little rest are highly

unfavourable, the reparative processes being only slowly performed. Happily, the activities and athletic exercises of youth become distasteful to old persons, and the burdens of mid-day life are transferred to the succeeding generation, and they now seek and enjoy a condition of quiet and repose necessary to their present well-being.

3. Warmth.—In the winter season, when sudden changes of temperature are frequent, provision should be made for preventing the ingress of the cold, early-morning air, and for maintaining a suitable temperature in the bedroom through the whole night. The temperature of the sleeping apartment should be kept at 60° to 62°, and measured by a thermometer, as the sensations of persons are not a sufficient guide. It no doubt often happens that the lonely encounter with death takes place in the stillness of the hour before sunrise, from a sudden access of cold air which the extreme feebleness of old age could not resist or endure. As before stated, cold seriously affects the aged, and it is a fact which excites frequent observation, that soon after the setting-in of severely cold weather, the obituaries in the public papers of persons in advanced life become unusually numerous. The winter of 1871-2 shows how temperature influences the mortality of the aged. The severity of the frosts of the early portion of the winter proved fatal to many aged persons, who, resembling the autumnal leaves, are easily shed; but the survivors enjoyed the exceptionally mild winter that followed, and many thousands of them remained alive who must have succumbed had the weather throughout continued severe. As a consequence of the mildness of the weather, the mortality of the first quarter of the year 1872 was considerably under

the average. "An aged man with a sluggish heart goes to bed with a temperature, say, of 50° to 55°; in his sleep, were it quite uninfluenced from without, his heart and his breathing would naturally decline. Gradually, as the night advances, the low wave of heat steals over the sleeper, and the air he was breathing at 55° falls and falls to 40°, or it may be 35° or 30°. What may naturally follow less than a deeper sleep? Is it not natural that the sleep so profound shall stop the labouring heart? Certainly. The great narcotic never travels without fastening on some victims in this wise, removing them, imperceptibly to themselves into absolute rest—inertia—until life recommences out of death" (*Richardson*).

The fact that the *coldest portion of the twenty-four hours is just before daybreak* is one full of warning to the aged, as it is also to the feeble generally. How often has it been observed that the setting-in of grave or immediately fatal symptoms has coincided with this daily recurrence of cold! This fact gives force to our recommendation of striving, by keeping bedroom fires brightly burning at this juncture, to neutralize as far as possible the consequence of this low-temperature wave.

"With regard to the effects of temperature in inducing or averting disease, we note that such diseases as Bronchitis and Pneumonia diminish as the temperature of the year advances; that on the contrary, Diarrhœa is aggravated by heat, and that Apoplexy less frequently occurs in the summer than the winter months; and that Epileptic seizures, Paralytic strokes, and sudden deaths generally, are often registered during the prevalence of hail and snow storms, with the accompaniment of high winds; the cause simply being due to the fact that warmth favours the superficial circulation, and the inhalation of warm air soothes the mucous surfaces of the air-tubes whilst cold, by driving the blood to the internal organs, produces congestions that lead to Apoplexy in weakened brains, and to fatal Syncope in weakened hearts. We have been asked many a time by patients whose brains suffer from Congestion, and whose hearts are weak, whether they might take a drive in the open air on clear, cold, frosty winter days, and we have invariably advised them to keep in warmth and comfort by their own firesides ; we believe that such advice has lessened the risk of an Epileptic seizure, or a fainting attack, that ends with sudden death. There is a widespread idea that extreme cold is a healthy tonic for everybody ; but we must beg for an exception to be made in favour of the very old and the very young, inasmuch as in both cases the vital powers are weak, and extreme cold being a great depressant, both old and young must inevitably suffer from its effects unless properly cared for. Warmer clothing, and warmth-producing food should therefore be the fitting antidotes to cold, together with the judicious rather than the unlimited, use of exercise in the open air." —*Homœopathic Review.*

A regulated temperature in his apartment, heat producing kinds of food, warm clothing, and other kindred measures, should therefore be adopted in the treatment of the aged.

4. MEDICINES.—On this point we can offer no definite suggestions. The selection of remedies must be determined strictly according to the symptoms the patient may present, modified by any idiosyncrasy of constitution.

Thus the physical frame decays and man passes away, death terminating the journey of life, and the traveller welcoming the long repose as he had often welcomed sleep after the fatigues of the day. We have reason to believe that dying is as painless as falling asleep ; a feeling of languor steals over the frame, and the tired form settles into a dreamless sleep. The general testimony of all who have experienced what it is to die, and have been able to record their experience, goes to prove that death is easy and exempt from all pain. William Hunter, in his last moments, said, " Had I strength to write, I would write how easy and delightful it is to die." Having met with an accident which it was supposed had proved fatal, Montaigne said, on restoration to consciousness, "I thought that life hung upon my lips; and I closed my eyes to help me in expelling it; and I had a serene pleasure in the belief that I was passing away." These statements fully accord with the observations we have repeatedly made at the deathbeds of patients. Persons who have been resuscitated after drowning, suffocation and strangling, and after all sensation had been lost, have asserted that, after the first shock, they experienced no pain. What is, therefore, often spoken of as the *agony of death* is probably purely automatic and unfelt. "Passing through nature to eternity," the sense of death is most in apprehension. Why, then, if this be true, should death be regarded as "the cup of trembling," and the event be signalized by the habiliments of mourning? When Nature puts on her death-robes, the autumnal forest assumes forms of beauty and even brilliancy; and departing day often crimsons the western horizon with glory; herein presenting striking contrasts in the manner in which death is received by nature and by man. "This flesh which we wear is the foliage of an immortal life, and there is no reason why it should not fade away in its season, still and peaceful as autumn leaves, that this interior life may flower forth anew in the glories of unending spring."

CHAPTER XIII.

Accidents.

236.—Suspended Animation—Hanging, Drowning, etc.

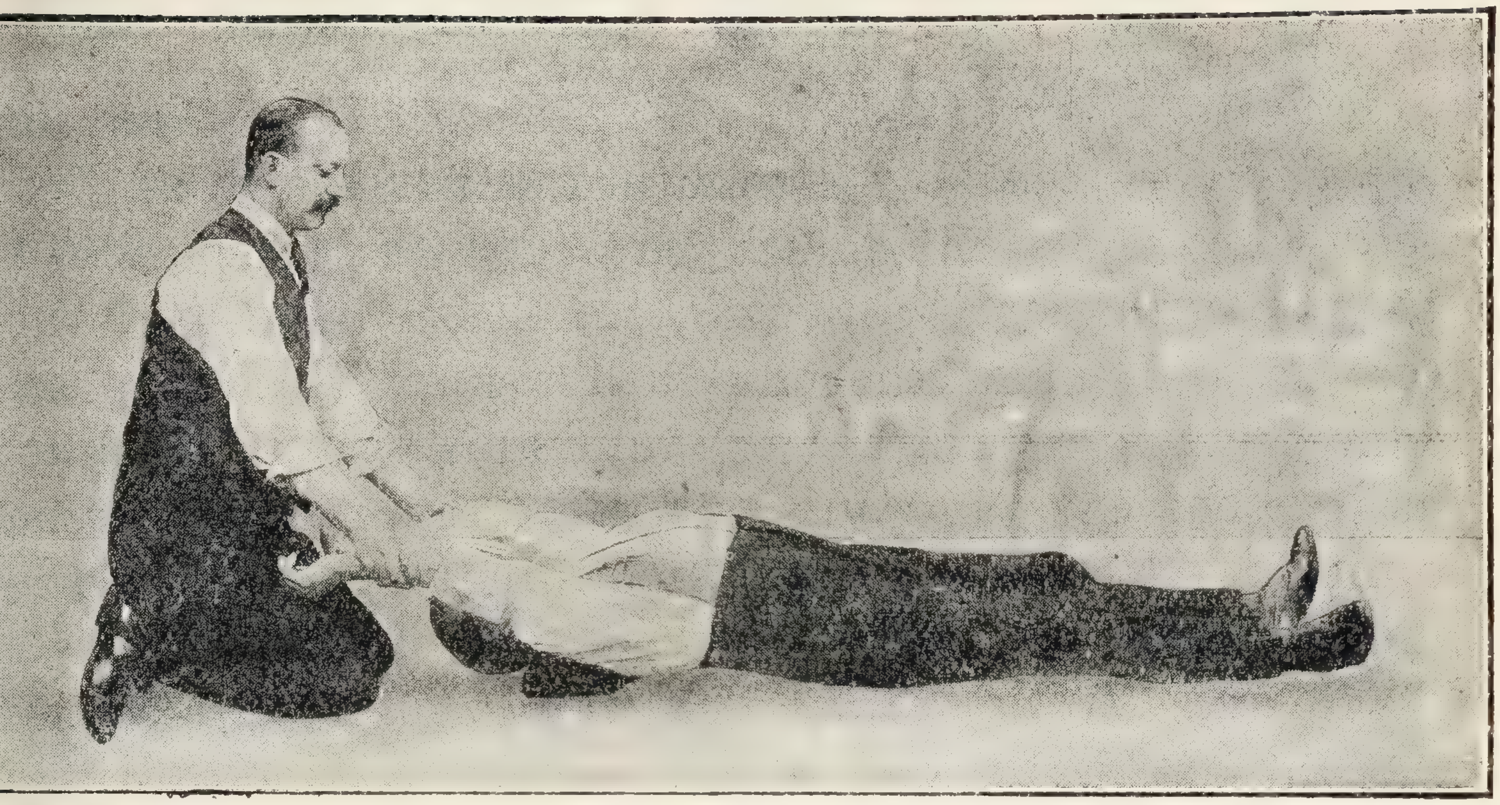
Drowning is the most common cause of suspended animation, though cases of hanging and of suffocation from noxious gases occasionally occur.

Symptoms.—There is no breathing or action of the heart perceptible ; the eyelids are generally half-closed ; the pupils dilated ; the jaws clenched ; the fingers semi-contracted ; the tongue appearing between the teeth, and the mouth and nostrils are covered with a frothy mucus. Coldness and pallor of surface increase.

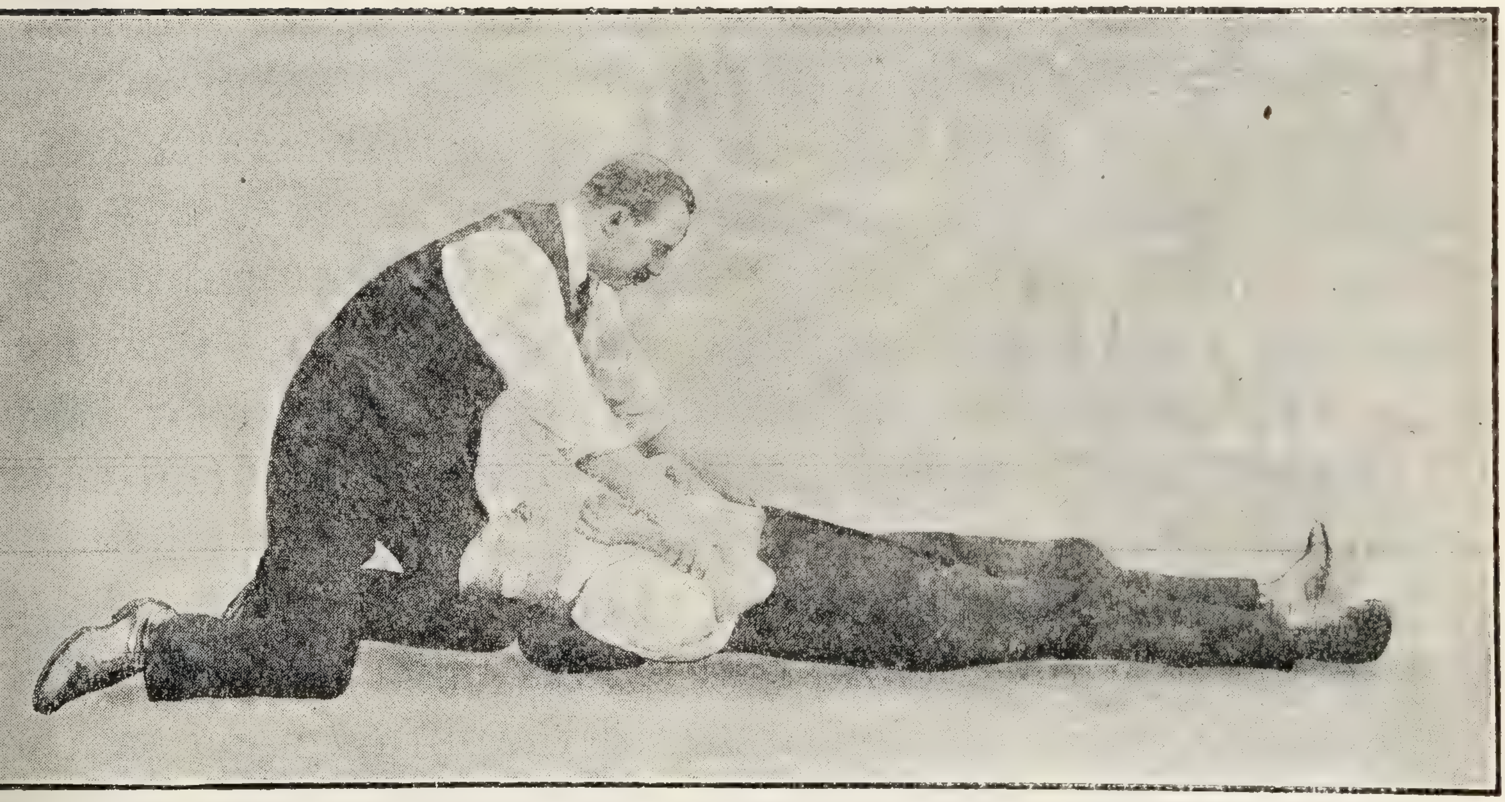
Treatment.—Not a moment's time should be lost. The patient should be attended to immediately, on the spot, while remedial aids are being fetched. All mere spectators and useless helpers should be sent away, as the admission of abundance of pure air to the patient is of first importance. When a drowned man is taken from the water, he should be first turned on his face to allow the escape of water from his mouth and throat. Artificial respiration should then be attempted.

The directions for restoring the apparently dead, recommended by that noble organization, the Royal Humane Society, are so concise and complete, that we cannot do better than reproduce them, with a few alterations.

The points to be aimed at are—first and immediately, the restoration of breathing ; and secondly, after breathing is restored, the promotion of warmth and circulation.



I. INSPIRATION.



II. EXPIRATION.

o illustrate the position of the body during the employment of the Method of inducing Respiration.

TREATMENT TO RESTORE NATURAL BREATHING.

Rule 1.—*To maintain a Free Entrance of Air into the Windpipe.*—Cleanse the mouth and nostrils from dirt, saliva, etc.; open the mouth; draw forward the patient's tongue, and keep it forward; an elastic band over the tongue and under the chin will answer this purpose. This drawing forward of the tongue is very important, as it opens the windpipe, and must therefore never be omitted. Remove all tight clothing from about the neck and chest.

Rule 2.—*To adjust the Patient's Posture.*—Place the patient on his back on a flat surface, inclined a little from the feet upwards; raise and support the head and shoulders on a small firm cushion or folded article of dress placed under the shoulder blades.

Rule 3.—*To Imitate the Movements of Breathing.*—(See engravings.) The operator, standing or kneeling behind and at the head of the patient, should grasp the patient's arm just above the elbows, and draw the arms gently and steadily upwards, till they meet above the head (this is for the purpose of inspiration, or drawing air into the lungs), and keep the arms in that positio for two seconds. He should then turn down th patient's arms, and press them gently and firmly fo two seconds against the sides of the chest (this is wit the object of pressing air out of the lungs,—expiration)

If an assistant compress with both hands, flat the lower parts of the ribs and diaphragm, when th patient's arms are turned down, the expiration will b facilitated. The operator and assistant must carefull act together.

As the process of artificial respiration is laboriou the best qualified assistants should be selected to tak turns with the operator ; but changing places must be rapid, that not a single respiratory movement may be missed.

Repeat these measures alternately, deliberately, and perseveringly, fifteen times in a minute (the difficulty is to prevent the too rapid movements of over-zealous assistants), until a spontaneous effort to respire is perceived, immediately upon which cease to imitate the movements of breathing, and proceed to INDUCE CIRCULATION AND WARMTH according to Rule 5.

Should a warm bath be procurable, the body may be placed in it up to the neck, *continuing to imitate the movements of breathing.* Raise the body in twenty seconds in a sitting position, and dash cold water against the chest and face, and pass ammonia under the nose. The patient should not be kept in a warm bath longer than five or six minutes.

Rule 4.—*To excite inspiration.*—During the employment of the above method, excite the nostrils with snuff or smelling-salts, or tickle the throat with a feather. Rub the chest and face briskly, and dash cold and hot water alternately on them.

The efforts to restore life must be persevered in until the pulse and breathing have ceased for at least an hour, for well-attested instances of resuscitation are on record, after several hours of suspended animation.

Another method of effecting artificial respiration is by *catheterism of the trachea.* "The operator inflates from his own chest ; but as he is able to drive in much more air than is absolutely necessary, its impurity is of no great consequence. An assistant must empty the patient's lungs by compression of the thorax between the insufflations."

Treatment atfer the Restoration of Natural Breathing.

Rule 5.—*To induce Circulation and Warmth.*—Wrap the patient in dry blankets and commence rubbing the limbs upwards, firmly and energetically. The friction must be continued under the blankets or over the dry clothing.

Promote the warmth of the body by the application of hot flannels, bottles or bladders of hot water, heated bricks, etc., to the pit of the stomach, the armpits, between the thighs, and to the soles of the feet. Warm clothing may generally be obtained from bystanders.

On the restoration of life, when the power of swallowing has returned, a teaspoonful of warm water, *small quantities* of warm wine, warm brandy-and-water, or coffee, should be given. In some cases, an enema of beef-tea and brandy is to be preferred to administration by the mouth. The patient should be put into a warm bed, in a room well ventilated, and encouraged to sleep. Great care is requisite to maintain the restored vital actions, and at the same time to prevent undue excitement.

In cases of *Suffocation from Hanging*, the treatment is much the same, after the body has been cut down, and the ligature removed from the neck.

When a *Stroke of Lightning* has produced Asphyxia, the body should be dashed for ten or fifteen minute with abundance of cold water to promote reaction. Th body should also be diligently rubbed. But artificia respiration should be resorted to. A current o electricity passed through the chest, from breast t back, may prove beneficial.

237.—Concussion of the Brain.

DEFINITION.—An interruption to the functions of he brain, from a blow or other mechanical injury of he head; it may vary in degree from a slight stun to xtinction of life.

SYMPTOMS.—Partial or complete insensibility; pale ace; rapid, irregular, small or imperceptible pulse; low, shallow, irregular breathing; cold extremities, tc. By shaking the patient, or calling his name loudly n his ears (which, however, should never be done), he nay give a surly answer, and soon become insensible gain. After a time, longer or shorter according to the everity of the injury, reaction comes on, and consciousness returns, with rise of temperature (101° to 102° F.), nd some irritability; often there is vomiting. At irst the reaction may be imperfect; it is often several days or even weeks before the power of the mind is estored.

TREATMENT.—*Arnica.*—Place two pilules upon the ongue, or moisten it with a few drops of the tincture y means of a feather or quill, and repeat the dose very hour for several times.

Aconitum.—Should be administered alternately with *Arn.* if fever attend the return of consciousness. But f there be danger of cerebral disturbance—headache, lushed face, or other head-symptoms—*Acon.* and *Bell.* hould be alternated. *Opi.*—Stertorous breathing; onstipation, remaining after concussion. *Hyos.*—Delirium, low or furious. A dose every one, two, or hree hours.

GENERAL TREATMENT.—The patient should be placed in a warm bed, with his head at first moderately low, and warmth applied to his extremities and axillæ. On no account should he be induced to eat or drink ; he must also be kept very quiet, and no attempt made to arouse him. When reaction comes on, the head and shoulders should be raised a little, and cold evaporating lotions applied, keeping the patient at the same time in a cool, quiet room, with the light modified, and noise and conversation shut out. He must be under care for two or three weeks, lest some insidious inflammation should arise within the head.

238.—Burns and Scalds.

Definition.—An injury produced by radiated heat from any hot body, or by the direct contact of hot solid, liquid, or gaseous substances.

A burn is comparable to roasting and a scald to boiling.

Varieties.—(1) The *Erythematous*, producing mere redness, and soon terminating in resolution ; (2) the *Vesicated*, in which the inflammation leads to the formation of vesicles, which, in slight cases, soon dry up and heal ; or if the skin has been much injured, may be succeeded by obstinate ulcers. (3) Leading to destruction of the skin and more or less of the deeper tissues. It involves all the dangers of inflammatory fever, and septic absorption. This variety, although usually exempt from pain, is by far the most serious.

The after effects of burns and scalds upon the body generally have been divided into three stages :—

1. Shock and collapse.
2. Inflammation.
3. Suppuration and sepsis.

The stage of shock usually lasts from twenty-four to forty-eight hours, and varies in severity with the "superficial area" of the body involved, the degree of the burn, and the age of the patient. Shock is commonly most profound in infants, though pain is often not marked, even in the gravest cases. The pulse is rapid and frequently imperceptible at the wrist; the temperature is lowered and often to such a degree that the clinical thermometer is unable to register the fall; the surface of the body is cold and covered with sweat; thirst is extreme, and the child constantly cries out for something to drink.

TREATMENT.—The majority of patients when first seen are in a state of profound shock, urgently calling for treatment. Every effort must be made to get the patient warm and to restore the failing circulation. In the case of a child as a substitute for the somewhat inefficient hot-water bottle, a thirty-two candle-power electric lamp is placed beneath the cradle which covers it and the temperature of the air can thus easily be maintained at about 103° F., until shock has passed off. "Normal saline solution" (a teaspoonful of common salt to a pint of water) at 105° F. should be very slowly injected into the rectum every few hours in quantities varying from two ounces for a small child to a pint for an adult. Half a drachm to half an ounce of brandy may be conveniently added to the saline, especially when it is difficult to administer everything by the mouth.

One of the most satisfactory solutions to employ as a primary dressing is *Picric acid*, 1½ drachms, absolute alcohol 3 ounces, distilled water 40 ounces. Gauze or lint should be lightly wrung out of this solution, and applied all over the burnt areas, which are then covered with antiseptic wool and bandaged. A point to be insisted on is that no waterproof covering of any kind should be used. Dryness of the dressing should be aimed at. *Picric acid* seems to have in some cases at any rate, a fairly marked action in relieving pain. It possesses also the property of encouraging and assisting the growth of the new tissue.

A most important object to be attained is to cover the injured part with some suitable material that shall *exclude atmospheric air.* This can only be attained when the skin is unbroken. All blisters must be snipped away. One of the following local applications is recommmended :—

1. *Carron Oil.*—A combination in equal parts of linseed oil and lime water. Named from the great Carron ironworks, where it is used by the workmen when suffering from burns.

2. *Carbolic Acid and Olive Oil.—One part of the Acid* (*as prepared for medical use*) *to twelve parts of Olive Oil,* is found to be invaluable in most cases, slight or severe. It is cleaner, more easy of application, and more soothing than most other remedies. One layer of lint put on at first should not be removed ; this should be kept saturated by the removal of outer layers from time to time. When the wound is healed it is easily and comfortably dispensed with. As a domestic remedy, it is recommended to be kept always ready for burns and scalds, just as *Arnica, Calendula,* etc., are kept ready for other kinds of accidents.

The application of a lotion of *Urtica Urens* (twenty drops of the tincture to an ounce of water) in the simplest cases, or of *Cantharides* (ten drops of the tincture to an ounce of water) when *blisters* are forming, by means of cotton-wool, is of great service. *Kreas.* is also sometimes useful.

3. *Soap.*—Moisten white or brown soap in water,

and rub it on a piece of linen so that the soap forms a coating on the linen as thick as a shilling, and larger than the wound it is intended to cover, so that it may the more perfectly exclude the air.

4. *Flour or Starch.*—One of these may be used as a substitute in the event of either of the above not being at hand. Wheaten flour and finely-powdered starch should be uniformly and thickly applied by an ordinary dredger, so as to form a thick crust by admixture with the fluids discharged from the broken surface, thus excluding the air ; and repeated when any portions fall off. Flour is, however, inferior to *Carron Oil* or *Carbolic Acid*, and its after-management is more difficult.

The points of greatest importance are *immediate application of the local remedy*, complete *exclusion of atmospheric air*, and *infrequent* changing of the dressings—not, indeed, until they have become loosened or fœtid from the discharges. A *complete* change of dressing often causes pain, depression, and the detachment of portions of the new skin, and so retards the cure.

When, after the removal of the first dressing, ulcers exist, *Boracic* ointment is the best dressing. *Calendula* or *Glycerine* cerate, or a mixture of *Urtica Urens* and *Olive Oil* (one part to six), are also suitable applications. Any discharge should be carefully removed, and the parts kept as clean as possible.

Internal treatment, except in slight cases, is always necessary, and must be suited to the part injured, its extent, and the constitutional symptoms present. As a general rule, *Acon.*, early, does good, by allaying febrile symptoms, mitigating pain, and moderating reaction. *Arsenicum* is valuable if ulcers form, or if the burn present a gangrenous appearance. *Sec.* and *Carbo V.* are also useful in the latter condition.

239.—Contusion—Bruise.

Definition.—An injury inflicted on the surface of the body by mechanical violence, without laceration of the skin. It may be either slight, involving only the rupture of minute *subcutaneous* blood-vessels, and perhaps the tearing of some muscular fibres, or a large blood-vessel may be torn ; or even disorganization of the tissues beneath the skin may be caused, as from the dull force of a spent cannon-ball. The remarkable properties of elasticity and toughness possessed by the skin often permit serious damage to its underlying structures while it remains entire.

Causes.—A blow from a hard, blunt body ; forcible pressure between two forces, as a wheel passing over a limb ; or, indirectly, as when the hip-joint is contused by a person falling on his feet from a height.

Treatment.—In the less severe form of bruises which alone are prescribed for here, the object should be to excite, as speedily as possible, the absorption of extravasated blood. To this end the bruised part should be raised, and a *warm Arnica lotion* (one part of the strong tincture to ten of water) *immediately* applied by saturating lint with the lotion, and covering it with oil-silk, to exclude the air. The value of this application is undoubted, and happily is now becoming generally recognized. If the patient have a predisposition to Erysipelas, *Ham.* should be used instead of *Arn.* In contusions involving glandular structures, as the female breast, *Coni.* is recommended ; or when the covering of bone, as of the shin, is involved, *Ruta.* When pain or tenderness has subsided, a bandage should be applied.

Ecchymosis.—This is discoloration of the skin following a bruise, and is produced by extravasated blood under the skin. It is first of a reddish colour, but speedily becomes black. During recovery, the parts change, first to a violet colour—the line which defined the bruise becoming indistinct—afterwards to a green, then yellow ; and thus, sooner or later, according to the health of the individual, or the quantity of blood poured out, the discoloration disappears. *Black-eye* is a common instance of *ecchymosis.*

Arnica lotion has great power in *preventing* this condition if used *immediately after an* accident. When extravasation has already occurred, *Hamamelis lotion* (one part to six of water) is more appropriate.

240.—Sprain—Strain.

DEFINITION.—An overstretching of the ligaments and tendons generally with a rupture of some of their fibres.

TREATMENT.—The immediate treatment consists in the application of hot water, as hot as can be borne, until the pain is considerably modified, followed by a compress of cloths moistened with the lotion of *Acon.*, *Arn.*, *Rhus*, *Ruta*, or *Hyper.*, and covered with flannel. The remedy used for the lotion may be also taken internally.

Acon., in alternation with *Rhus*, may be administered when the joint becomes swollen and painful ; and when constitutional disturbance attends the injury.

When the swelling and pain subside strong adhesive plaster is applied to support the injured parts, and do away with the necessity of lying up. It should be worn for two or three weeks as the injury may easily be re-induced and then cure becomes both difficult and tedious.

241.—Wound.

Definition.—A forcible solution of continuity of the soft tissues.

Wounds are termed *incised*, when made by clean-cutting instruments ; *punctured*, when the depth exceeds the breadth, as stabs ; *lacerated*, when the parts are torn and the lips of the wound irregular ; *contused*, when effected by bruising (see Section 227). We may also add that a *gun-shot* wound is termed penetrating, when the shot is lodged in the part ; *perforated*, when it passes through it ; and, according to law, *burns*.

For *poisoned* wounds, see Section 216.

Treatment.—The following are the chief points :

1st.—*To arrest the bleeding.*—In most cases, the elevation of the part, keeping the bleeding surface uppermost, and pressure, will suffice. A *Calendula* lotion tends to arrest hæmorrhage and checks suppuration. In severe wounds involving *arteries*, the parts should be laid open by a surgeon, and the wounded vessels ligatured.

2nd.—*The removal of foreign bodies.*—Dirt, hairs, glass, clots of blood, etc., should be speedily removed by forceps, or allowing clean water to trickle over the wound.

3rd.—*To bring the injured parts into nice apposition.*—Any muscular fibres likely to prevent complete union should be relaxed or divided, and after the sides of the wound have been accurately adjusted, they must be kept so by strips of adhesive plaster, first applied to that side of the wound which is most movable, and then secured to the other. But, in extensive wounds, where plaster would be insufficient, stitches should be employed.

4th.—*To promote adhesion.*—To secure this, the part should be elevated and kept at rest, and if the injury be severe, the patient should remain in bed.

5th.—When a wound is *dressed,* say once in every twenty-four hours, a rag or sponge wetted with warm water should be laid over the dressing, so that it may be removed without the risk of disturbing the surfaces which may have partially united. Lotions may often be renewed by removing the oil-silk only, and dropping lotion on the rag or lint, or pouring it on by means of a spoon, and then replacing the oil-silk.

6th.—*To control dangerous bleeding,* as from a sharp-cutting instrument. When blood flows in a *steady stream,* and is *dark-coloured,* it is from a vein, and can generally be checked by elevating the part and applying pressure, such as a pad of gauze or lint held firmly in position by a bandage. A few thicknesses of material, with steady compression, are more efficient than heaping on a large quantity. *Bright-red* blood, flowing in *jets,* is *arterial,* and similar means must be adopted as just pointed out, unless the bleeding be excessive, in which case a handkerchief should be tied round the limb, near the wound, and between it and the heart; a stick inserted under the handkerchief and a firm compress over the course of the blood-vessel; the stick should then be twisted until it stops the circulation, and, consequently, the bleeding. But such means are only temporary, as wounded arteries of size require to be ligatured by a surgeon before bleeding can be permanently arrested. If no surgeon can be obtained, a clever manipulator should grasp the wounded artery with a pair of forceps, and draw it slightly and gently forward, so that it may be securely tied by means of a strong ligature of silk; or hæmorrhage may be arrested by twisting the end of the artery round and round until it will not untwist itself. The latter method is designated *torsion.*

7th.—Should a wound or bruise be followed by constitutional disturbances—fever, chills, and throbbing in the parts—internal medicines should be administered.

Arn. (as prepared for internal use, and *Acon.* will generally meet the requirements of such cases, and should be administered every three hours, in alternation, for several times; or if the injured part be very painful and swollen, with congestive headache, etc., *Bell.* may be alternated with *Acon.*; or with *Hep.-S.* or *Sil.*, when suppuration is established.

CUTS.—The treatment of this variety of wounds, if only of moderate size, is generally simple. The edges of the cut should be brought together and maintained so by narrow strips of *strapping-plaster;* then, if necessary, a bandage applied over the plaster. In two or three days the plaster should be removed without disturbing the union, and replaced by new. If, however, inflammation and pain occur, the application of *lint*, saturated with *Calendula lotion*, covered with oil-silk, and a bandage over all, is necessary.

242.—Foreign Bodies.

TREATMENT.—Any foreign body in the flesh—glass, a thorn, splinter, broken needle, etc.—should be removed as quickly as possible, by forceps, etc., or allowing water to trickle over the wound.

FOREIGN BODIES IN THE EYE.—If sand, flies, or hairs are between the lids and the globe, they should be removed immediately by bathing the eye; but if the substance cannot be removed in this manner, the eye should be gently wiped with a soft, moistened handkerchief, or with a feather, or a bent bristle may be used, the two ends being held by the finger and thumb. In one of these ways, with a little perseverance, the offending substance may generally be removed.

If small pieces of *flint or iron* become fixed in the front part of the eye, they should be most carefully picked out with a needle or the point of a lancet. If the intruder be in the upper eyelid, the lid should be everted.

Mortar or lime is rapidly destructive. If seen *immediately,* the eye should be washed with a strong solution of sugar, or a few drops of oil instilled. Water must never be applied to these cases. The lids should be everted, and every particle of lime removed. Grains of *gunpowder* may be removed with plain tepid water.

When the foreign body is removed, a weak *Arnica lotion* should be applied to the eye by means of lint or soft linen, and covered to prevent evaporation.

FOREIGN BODIES IN THE EAR.—Peas, stones, slate-pencil, glass beads, shells, etc., are sometimes found in the ear-passage; or cotton-wool which has been forgotten, or a portion of which only has been removed, is occasionally met with. If permitted to remain, such substances rarely occasion any untoward symptoms, although they may continue a long time till uneasiness in the ear leads to an examination of the tube. Any such body should be removed as gently as possible, either by syringing the ear with warm water, or other simple means. One caution is necessary respecting the use of the syringe, which is that when the foreign body is known to be of a vegetable nature, the moisture may cause it to swell, and so impede its ultimate removal. An *insect* will instantly retreat if a drop of sweet oil be let drop into the ear. If the foreign body cannot be removed by gentle means, the case should be submitted to a surgeon, so that a careful examination may be made by means of the ear-speculum and the aid of sunlight or a lamp. This examination is necessary for two reasons; for although a foreign body, if present, may generally be seen without such means, still the absence of such body cannot be affirmed without a complete exploration of the tube. Further instances often occur in which surgeons are requested to remove a foreign body when none exists, and a proper examination with the speculum would often prevent any injudicious meddling with instruments. Any soreness or inflammatory symptom that may ensue from the foreign body, or the attempts at extraction, should be met by the application of a weak *Arnica* lotion (six drops of *Arnica* φ to two tablespoonfuls of water).

243.—Fracture—Broken Bone.

A few words on the immediate management of cases of broken bones seem necessary in this Manual, as a surgeon is not always just at hand, and it is necessary to be prepared to act till surgical attendance can be had.

Symptoms.—A fractured bone may generally be detected by having felt or heard it *snap;* by some *deformity*, such as bending or shortening; by the fact that if the upper end of the bone is held firmly by the hand, the lower part may be moved independently; also by a grating noise (*crepitus*), which may be heard if the broken ends are rubbed against each other. Further, there will be pain, loss of power of the broken part, and other symptoms. Fracture is said to be *simple* when there is no wound of the skin communicating with it; *compound* when there is such a wound.

CAUSES.—*Mechanical violence* is the most frequent; but muscular contraction is sometimes a cause. Old age, some diseases, excessive drugging with *Mercury*, and prolonged disuse of a limb, render bones liable to fracture from trifling causes.

IMMEDIATE TREATMENT.—

A BROKEN LEG should be fastened to the whole one by a handkerchief at the ankle, and above and below the knee, before the patient is removed.

A FRACTURED ARM requires the immediate support of a sling, which may be made by a handkerchief or towel and fastened round the neck.

BROKEN RIBS require a *flannel* bandage about two hands broad, round the chest, with shoulder-straps to keep it up. A rather tight-fitting bandage lessens the movement of the chest in breathing, and is a great comfort. Flannel is better than linen, as it is more elastic.

The patient must be moved *gently*, and special care taken to prevent the broken bone from being forced through the flesh and skin. He should be placed on a stretcher or litter, and taken to his home, or to a hospital. A litter may be made of a couple of poles and a horse-cloth or sack; even a door or hurdle may serve the purpose. Placing him on this, and carrying him by two men is much better than removal in a cart or carriage. It is important *not to be in a hurry,* as an injury is often greatly aggravated by carelessness or too hurried measures. When a surgeon is within a moderate distance, after making the patient as comfortable as possible, it is better to wait a little, so that he may superintend the moving.

When there is a wound and much bleeding, see Section on " Wounds."

When the patient has been placed on a firm bed or mattress, and the injured part examined, the surgeon will bring the broken ends of the bone into close apposition, and in their natural form, and having done this, maintain them so, and at rest, till firm union has taken place. To maintain the proper shape and length of the limb, *bandages, splints,* and other apparatus are required. Little can be done, however, beyond a merely temporary arrangement, until the surgeon arrives, as these cases can only be properly treated by a professional man.

244.—Exhaustion of the Muscles—Fatigue—Over-Exertion.

DEFINITION.—A condition of the *muscular system* induced by an undue drain on its strength.

TREATMENT.—If the feet be swollen or blistered, or the ankles ache after walking, a warm foot-bath may be used, to which a teaspoonful of the strong tincture of *Arn.* has been added ; the relief afforded is often immediate and permanent. If the hands or wrists ache from excessive or unaccustomed exertion, they may be bathed in about a pint of water, to which twenty or thirty drops of *Arn.* have been added. If necessary, in one or two hours the application may be repeated. In muscular fatigue from long-continued or severe exertion, affecting the hips, thighs, etc., a hip-bath, to which a drachm of the strong tincture of *Arn.* has been added, is an excellent remedy. The patient should remain in the bath about five minutes. Whatever kind of bath is used, and to whatever part applied, it should be *warm* if used in the evening or soon after exertion, but *cold* or *tepid* in the morning.

Arn. should be administered whenever there is muscular fatigue, from whatever cause. Its power to aid the restoration of exhausted muscle is truly wonderful.

ACCESSORY MEASURES.—When suffering from fatigue a light repast only should be taken ; a full heavy meal might occasion serious embarrassment to the digestive organs, as they equally suffer from the general weariness.

245.—Poisons.

When it is known that a deleterious substance has been swallowed, as *Arsenic* and other *mineral poisons, Opium, poisonous fish, alcohol,* etc., vomiting should be immediately excited, by tickling the back of the throat with a feather or the finger ; or if this fail, by the administration of an *emetic*.

EMETIC.—The following is a convenient emetic : for a child, a teaspoonful of mustard in a teacupful of warm water ; for an adult—a dessertspoonful in a breakfast-cupful of water. This may be repeated as often as necessary, and followed by copious draughts of warm water, so as to empty the stomach as completely as possible. But if *Arsenic*, or *Tartar Emetic*, be the poison, no *warm* fluids should be used, as they tend to increase the activity of the drug.

The treatment of cases of poisoning must be considerably modified according to the nature of the poison, and a medical man should be summoned immediately, while the temporary measures just suggested may be resorted to until he arrives.

CHAPTER XIV.

TROPICAL DISEASES.

Introduction.

THERE are a number of diseases which affect principally or entirely those who have to live in or to visit tropical countries, and other diseases (like Malaria) which, though more widely distributed, are nevertheless mainly associated with warmer climates than that of England. The principal disorders of both kinds are described in this chapter under the one general heading of Tropical Diseases, together with a few like Pellagra and Hookworm disease, which have no claim to be called Tropical, but are nevertheless unknown or very uncommon in England. These diseases are virtually all parasitic: those due to larger parasites are first described, and then those due to bacteria. In previous editions of this book ague and yellow fever were included in the main body of the work, but they are better transferred to this chapter, for although malaria was once an English disease and is still prevalent in parts of Europe, it is most dangerous and important in regard to tropical countries.

246.—Filariasis.

There seem to be several forms of filaria, which are nematode worms, inhabiting the blood and lymph stream of the patients. They gain access through the bite of the mosquito, which in its turn is infected by sucking the blood of a person suffering from an invasion of these parasites. They breed in the human body, and the eggs develop up to a certain stage ; the full development of these embryos is completed in the mosquito.

Symptoms.—Filariæ may be present without causing any symptoms. Those that occur are mainly the result of obstruction of lymph channels by the worms or their ova. When the lymph channels are blocked anywhere, the parts drained by these channels swell, and the tissues become enormously thickened. The scrotum is often affected in this way, and certain cases of Elephantiasis are due to filariæ (see below). Another symptom frequently observed is the passage of chyle (a product of fatty digestion) in the urine, together with a little blood (hæmatochyluria). It is due to interference with the abdominal lymph channels from the parasites. The urine presents a curious opaque milky appearance. The general health as a rule suffers little with filaria. The Elephantiasis, or enlarged glands which frequently appear can be dealt with surgically sometimes. No treatment seems to be able to destroy the embryos in the blood, although if the patient presents any well-marked general symptoms the constitutional remedy indicated by them should be given. The bites of mosquitos should be guarded against and the drinking water in infected districts boiled, as it is quite conceivable that an entrance of the worms may be effected in water.

247.—Elephantiasis.

In tropical countries filariæ are responsible for most cases of this disease. In temperate climates the disease arises independently of them, but it is convenient to describe it here following Filariasis. The appearances are similar, whatever the cause of the disease.

SYMPTOMS.—These are all due to the blocking of the lymph channels. If not due to filariæ it can be caused by repeated inflammation, erysipelas, phlegmasia dolens, even long-continued eczema. Often the cause is obscure. The subcutaneous tissue becomes enormously hypertrophied, vessels, muscles, nerves, all the tissues, even the bones increase in size. Vesicles and bullæ may form and discharge a serous or milky fluid. Eczema and ulceration of the skin are common. There are aggravations from time to time, accompanied by fever. The limb affected, or in males the scrotum, ultimately becomes of enormous size.

TREATMENT.—The removal of the affected part may be the only remedy. Fever, eczema, or ulceration can be treated as described elsewhere in this book, and if there are any indications for a constitutional remedy it should be given, but where the cause of a disease is mechanical, mere medicinal treatment is not hopeful. *Hydrocotyle* (ϕ or $1x$) has been praised, however, for this condition.

248.—Guinea Worm Disease (*Dracontiasis*).

This disease is due to another filaria, *Dracunculus medinensis*, which is widespread in Africa and East Indies. Cases have occurred in the United States.

SYMPTOMS.—Only the female worm is known. It gains entrance by being swallowed in an embryonic form. Probably both male and female are swallowed and develop. The female is impregnated and the male then dies and is discharged, while the female penetrates the intestine and burrows into the subcutaneous tissues, where for a time it may remain quiescent, feeling like a ball of string. Presently it begins to travel beneath the skin towards the foot and ankle, where it usually penetrates the skin, making a small ulcer, through which the embryos are discharged. The worm then spontaneously leaves its host.

TREATMENT.—The worm is recognized without difficulty in the later stages. It can be excised or killed by mercurial injections. When it begins to come out spontaneously, the usual plan is to roll it round a smooth stick, and each day wind a little more. Great care is taken not to break it.

The leaves of a plant called amarpattee are said to be specific and *Asafœtida* in large doses is praised. *Teucrium* ϕ might be tried, but as soon as the worm is recognized efforts should be made to remove it.

249.—Ankylostomiasis—Hookworm Disease.

This disease is due to a nematode worm, *Ankylostoma duodenale*, which inhabits the intestine. The embryo lives in water or moist ground, and often gains access to the body by being swallowed, but it appears to be established that the embryo worms can also pierce the skin, enter into the blood vessels, pass from the pulmomary vessels into the air spaces of the lungs, up the trachea and down the pharynx. The disease is prevalent in tropical and sub-tropical countries. The so-called Egyptian Chlorosis is due to it; it particularly affects miners and workers in tunnels, and is endemic in the Southern States of America; it is also well-known in Germany and Austro-Hungary, and an epidemic has occurred in Cornwall. Both sexes are found; the female worm is the larger, and the worms live chiefly in the small intestine.

Symptoms.—A considerable number of parasites must be present to cause symptoms. The worms fasten on to the wall of the intestine with their teeth and (probably) live by sucking the blood. Blood also escapes from the wounds made in the bowel wall, which may in time become inflamed and thickened. The presence of the worms causes gastric and intestinal irritation and often fever, and soon from the loss of blood a profound degree of anæmia ensues. It is this that usually attracts attention and sends the patient to the physician. The skin is of a dull, muddy colour or waxy white, the eyes lack-lustred. In children growth is impaired and stunted. The anæmia causes palpitation, œdema of the feet, cardiac weakness. Liver and spleen often enlarge and the abdomen becomes swollen. If the blood is examined by an expert there is found a great increase in the number of one kind of white corpuscle known as the eosinophile. This blood change is characteristic of worm diseases of all kinds, but is very marked in this disorder. The diagnosis is made by examining the fæces. The eggs of the worm are readily found under the microscope; they are present in severe cases in large numbers.

Treatment.—As soon as the diagnosis is made an attempt must be made to kill the worms. The patient should be kept on spare diet for a day or two, and then half a drachm of *thymol* given. This dose is repeated in two hours, and two hours later castor oil is administered. Smaller doses over a longer time can be used for weakly patients or children. The *thymol* can be given in brandy. Oil of Male Fern can be used instead of *thymol*, but the latter seems more efficacious.

The general treatment is that of anæmia. *China*, *Ferrum* and *Acid. Phos.* will be found useful. *Stannum* should be remembered as it seems to be of real value in worm cases. In children *Spigelia*, *Teucrium*, and *Cina* may very likely be needed. The stools must be regularly examined, to make sure that the worms are destroyed. In places where the disease is prevalent the greatest care should be exercised with regard to sanitation, especially if possible the thorough disinfection of stools.

250.—Bilharziasis.

DEFINITION.—This is a disease due to an animal parasite, a blood fluke, *Bilharzia hæmatobia.* It prevails particularly in Egypt, but also is common in North Africa, and less common in South Africa, Arabia, Persia and Western India. The mode of entrance into the body is uncertain. It may be through the skin, or by the mouth, or urethra. Probably the eggs are swallowed with water, or on cresses. The eggs develop, the worms reach the portal vein, and then other parts of the body, particularly the bladder and rectum. The eggs are laid in the tissues and cause irritation, fibroid changes, even papillomata, or form the nuclei of calculi in the bladder.

Symptoms.—These depend on the principal site of the parasites. There may be little or no inconvenience. Irritability of the bladder, with dull pain and hæmaturia are the commonest symptoms. If the rectum is much involved there will be tenesmus, straining and passage of blood and mucus. Definite cystitis or inflammation of the rectum come later, and calculi in bladder or kidney may demand surgical interference.

Treatment.—There is no remedy known which will kill the parasites in the tissues. At the same time the treatment of the resulting cystitis, etc., may do much to enable the parasites to be dislodged and the symptoms relieved. *Hamamelis, Terebinth, Cantharis, Ocimum Can., Ac., Benz., Cann. Sat.* are remedies to be considered for the bladder symptoms, and *Hydrastis, Ac.-Nit., Pœonia, Ruta* for the rectal symptoms.

251.—Jigger.

This is a disease due to a sand flea called *Pulex Penetrans,* or Jigger. It is entirely local, affects chiefly the feet, and is caused by the insect penetrating the skin and burrowing there, producing an inflammation with a vesicular or even pustular swelling. The treatment consists in removal of the parasite with a needle. The application of essential oils to the feet is a useful preventive where the parasites are known to be numerous. The West Indies and South America are the places where the insect thrives.

252.—Malaria—Ague—Intermittent Fever.

Definition.—An infectious disease, characterized by (*a*) paroxysms of intermittent fever, each paroxysm consisting of a cold, a hot and sweating stage, while between the paroxysms the patient is comparatively well. There are three chief types of this form of disease: Quotidian, with a daily paroxysm; Tertian, with an attack every other day; and Quartan, with an attack every third day; (*b*) a continued fever with marked remissions; (*c*) a pernicious rapidly fatal form; (*d*) a chronic cachexia with anæmia and enlarged spleen. All these forms of the disease are due to parasites living in the blood, the so-called plasmodia. The parasites are not identical in the different varieties of Malaria, but belong to the same order. There is a parasite for tertian, and a somewhat different one for quartan. Quotidian ague is due to infection with two groups of tertian, or three groups of quartan, organisms maturing on successive days, for the paroxysm of ague corresponds to a definite stage of development in the parasite. The parasite grows in the red blood corpuscles up to the stage of segmentation, and then escapes into the blood stream. Outside the human body the parasite passes through another stage of development in the body of mosquitos of a certain genus, called Anopheles. The mosquito is infected from sucking human blood, and in its turn infects man by biting, when the parasite is growing in its body. The anopheles, unlike the ordinary mosquito (*culex*), breeds in small shallow puddles, or slowly-running streams. Hence the association of Malaria with swampy and undrained districts, and the prevention of it by efficient drainage, removing the breeding places of the anopheles. The relation of the mosquito to Malaria was worked out by the genius of Sir R. Ross, working on the theory formulated by Sir P. Manson.

Symptoms.—These may set in suddenly, or they may appear gradually, until a regular paroxysm occurs. The *first stage* comes on with a feeling of debility, weariness, chilliness, and rigors; then follow sensations as of cold water trickling down the spine and a shivering of the whole body; the teeth chatter, the nails turn blue, and the whole frame trembles, often with such violence as to shake the patient's bed. The face becomes pale, the features and skin contracted, and the papillæ of the skin are rendered prominent, giving it the appearance described as *goose-skin,* such as may at any time be produced by exposure to cold. The countenance acquires an anxious expression, the eyes are dull and sunken, the pulse frequent and small, the breathing hurried and oppressed, the tongue white, and the urine scanty and passed frequently. After a time, varying from half an hour to three or four hours, the *second* or *hot* stage comes on with flushings, until the entire body becomes hot, with extreme thirst, full bounding pulse, throbbing headache, and restlessness, the urine being still scanty, but high-coloured. At length, after two, three, and even six or twelve hours, the *third* or *perspiring stage* succeeds, and the patient feels much relieved. Thirst diminishes, the pulse declines in frequency, and the appetite returns; at the same time there is a red deposit of *urates* in the urine. The perspiration first breaks out on the forehead and chest, and gradually extends over the entire surface; sometimes it is only slight, but at other times it is very copious, saturating the patient's linen and bed-clothes. A paroxysm usually lasts about six hours, allowing two hours for each stage. The period between the paroxysms, as already explained, is called the *intermission;* but by an *interval* is meant the whole period or cycle between the beginning of one paroxysm and the beginning of the next.

Effects.—From the recurrence of internal congestions in each cold stage, the functions of the liver, bowels, and sometimes the kidneys, are disordered; the patient becomes sallow, his limbs waste, the abdomen is distended, and the bowels are constipated. The spleen is especially liable to be enlarged, sometimes attaining a weight of many pounds, when it can be felt externally. An enlarged spleen is popularly called *ague-cake.* "The heat-generating power of all victims to Malaria is impaired; hence they suffer from atmospheric changes, of which healthy men take no note" (*Maclean*). Another result is extreme liability to repeated attacks, for the disease often leaves the body so enfeebled that ague may be reproduced by agencies which, under other circumstances, would produce no ill-effects.

There is also an irregular remittent form of ague, occurring chiefly in temperate climates, and oftenest in late summer and autumn. Hence it is called æstivo-autumnal fever. It is due to a definite parasite which can be identified in the blood and the diagnosis of the disease thus confirmed. The symptoms of this form of ague are irregular. Continuous fever may be present with remissions or regular paroxysms for a time and then a more or less irregular course. Jaundice is not uncommon. The mild cases readily yield to treatment. The more severe may suggest typhoid fever, but the presence of the organisms in the blood will distinguish the disease. There is also a pernicious Malaria, rare in temperate climates. It occurs in two forms, the comatose, in which the patient is suddenly overwhelmed with cerebral symptoms, either acute delirium or more often coma, with high fever. The unconscious stage may last twelve or twenty-four hours, and may end in death; or the patient may regain consciousness and a second attack may come on and prove fatal. The other pernicious form is called Algid, and the symptoms are mainly gastric, vomiting with intense prostration and sense of cold. The patient may die in a condition of profound prostration.

Blackwater Fever.—The passage of urine containing hæmoglobin, the colouring matter of the blood, is not at all uncommon in Malaria; but in some parts of Africa there is an endemic disorder called Blackwater Fever, wherein this urinary symptom is constantly present. The disease is severe and often fatal. It generally occurs in persons who have suffered or are suffering from Malaria. It has been suggested that the hæmoglobinuria is due to the *Quinine* that is habitually given. *Quinine* certainly sometimes seems to aggravate a paroxysm of Blackwater Fever, but it is most likely that it does not often originate an attack. Hæmoglobinuria is a true symptom of Malaria, but *Quinine* has the power to cause it also. Thus *Quinine* is homœopathic to the Blackwater symptom as well as to the general malarial condition, only this homœopathicity makes the administration of a large dose liable to cause an aggravation.

TREATMENT.—*Prophylactic.*—Since the disease is communicated by the mosquito it is quite obvious that the destruction of the mosquitos and protection from their bites are measures of the utmost importance. Screens and mosquito nets round houses, therefore, and the protection of the sleeper at night, should be rigidly carried out.

Pools, ponds, marshes, should be drained to destroy breeding-places of the mosquitos. Petroleum should be freely used to any standing water in the malarial season. It floats on the top and kills the mosquito larvæ when they rise to the surface.

Quinine is not only generally curative, but also is a preventive, and therefore small doses should be taken regularly (4 or 5 grains) if there is any risk of exposure to the disease. Also every case that develops should be thoroughly treated.

TREATMENT.—*Medicinal.* The principal remedies are *China, Quinine, Arsen., Ipec., Carb.-V., Nat.-Mur., Cedron., Nux V., Eup. Perf.*, etc.

For the enlarged spleen, *Merc.-Bin.* is often useful, and *Ceanothus, Phos.*, and *Ac.-Phos.* are often indicated in the cachexia of chronic Malaria.

SPECIAL INDICATIONS.—*China and Quinine* are the chief remedies, and will cure probably ninety per cent. of recent cases. When they fail, other remedies should be chosen without persisting in the use of these two, for in most cases they give aid quickly. The success of *Quinine* is attributed by orthodox physicians to its action as a parasiticide, and it is supposed to act directly upon the organisms. It is true that the plasmodium generally dies after *Quinine* has been administered, but it is just as likely that its death is due to an increase in the natural defences of the body brought about by the *Quinine*, as to the *Quinine* acting immediately on it. This view at any rate must commend itself to the homœopathist, for the power of *Cinchona* to reproduce the symptoms of Malaria (a power which is indubitable and admitted by orthodox authorities, although it has at times been questioned), was the discovery of Hahnemann, which put him upon the track of the Law of Similars.

Cinchona and *Quinine* cure ague because they are homœopathic to most cases of it, and they will cure it often in small doses. Orthodox physicians will give ten to thirty grains or more in twenty-four hours, but frequently doses of two and three grains are sufficient. Tincture of *Cinchona* proved its efficacy in Malaria years before *Quinine* was extracted from it, and if the symptoms correspond large doses of *Quinine* are unnecessary. The typical symptoms for *Cinchona* are as follow: Thirst before the attack, ceasing when chill begins. Chill without thirst, and heat without thirst, but great thirst in the sweating stage, which is very profuse and debilitating; there is usually hunger and drowsiness < by eating and drinking; desire to uncover in hot stage, but chilly when uncovered; pains in the hepatic region; throbbing headache.

Arsenicum.—Often when *Quinine* fails. Great thirst all through for small quantities frequently repeated. Sweat gives relief to symptoms. The chill is often irregularly developed or even absent. Semi-lateral headache is frequent, and intermittent neuralgia.

Ipecacuanha.—Nausea, vomiting, and other *gastric disturbances*, occurring before and during chill and heat; thickly-coated, yellowish, moist fur on the tongue; cold hands and feet; great oppression of the chest.

Ipecac. has a curious power of bringing out a clear symptom-picture for a good prescription in intermittents which have become chronic and endured a great deal of ineffectual treatment. Marked nausea is the chief indication for it, but it will help to clear up almost any obscure case of the disease.

Cedron.—It is considered to be a true anti-periodic, and in simple intermittents is said to be infallible. It also is recommended for regularly recurring paroxysms of neuralgia.

Nat.-Mur.—Chronic intermittents, with *bilious vomiting before and during the chill;* great thirst, with chill; marked relief from perspiration; *blistered lips*, and *sores about the mouth.* Attacks very apt to begin about 8 or 9 a.m. It is in high repute in America, especially in chronic cases. *Nat.-Mur.* is the great antidote to Quinine poisoning.

Carbo Veg.—Is recommended when the cold stage had greatly predominated. We have found it valuable in chronic cases, and have witnessed its power in preventing a recurrence of the disease. It should be useful in the algid form, and *Camphor* should also be considered in this connection.

DIET.—On the days in which the fits occur, the food should be light, taken in small quantities, and great dietetic precautions observed until the paroxysms entirely disappear. Gruel, arrowroot, tapioca, sago, or cornflour; mutton or chicken broth, or tender meat may be taken in the intervals between the fits. Cold water *ad libitum.*

253.—Sleeping Sickness.

DEFINITION.—A chronic disease characterised by fever, lassitude, weakness, wasting and protracted lethargy. This disease occurs principally in Africa, and has of late years ravaged especially parts of Uganda. It is due to an organism of the order of the Trypanosomata, which is conveyed into the system by the bite of the stinging-fly —*glossina.* The organisms multiply in the blood and in the cerebro-spinal fluid, and give rise to the disease symptoms.

Symptoms.—Irregular fever, emaciation, loss of strength, swelling of lymph glands and spleen, then headache, a dull apathetic expression, increasing fever, and difficulty in walking, mumbling speech, tremor of the hands. Increasing drowsiness, ending in a deeper and deeper sleep, in which the patient usually dies of some secondary infection. The course of the disease is often prolonged. The organism can be found generally in the blood and cerebro-spinal fluid.

Treatment.—The mortality is very high and for some time it seemed to be a uniformly fatal disease. Of late, however, recoveries have been reported. Medical efforts so far have been directed to killing the parasite, and to that end preparations of Arsenic have been used, especially *Atoxyl* and *Salvarsan*. Undoubtedly *Arsenic* is responsible for some cures, but to a homœopathist it is doubtful whether the effect of the drug is to be explained as a direct action on the parasite, and not as a result of its effect in encouraging bodily resistance indirectly, for assuredly in choosing remedies for this disease on homœopathic grounds, *Arsenicum* would be found to come forward prominently. In any case it should be the first drug thought of. *Ant.-Tart.* should also be tried. As far as we know no cases have been treated by homœopathists, so that there is no experience to guide us, but from the symptomatology, *Chloral, Opium* and *Nux Moschata* should be considered as well as *Arsenic*, and from the involvement of the cerebro-spinal system drugs like *Hellebore, Apis* and the Serpent poisons, *Naja* and *Lachesis*. As a preventive measure, obviously, all care should be taken to avoid the bite of the *glossina*.

254.—Kala-Azar (*Dum dum fever*).

DEFINITION.—A chronic disease, characterized by enlarged spleen, anæmia, irregular fever. It is associated with a protozoon parasite. The disease occurs in India, Assam, Ceylon, China and Egypt. Europeans are rarely attacked.

SYMPTOMS.—Enlarged spleen always; enlarged liver frequently; earthy pallor, emaciation, muscular atrophy. Long continued irregular remittent fever. Tendency to hæmorrhage from gums, and to purpuric eruptions. Transitory œdemas. Anæmia. Secondary infections are common.

TREATMENT.—*Arsenicum.*—Fever, œdema, anæmia.

Phosphorus.—Tendency to hæmorrhage.

Ceanothus and *Carduus.*—Enlarged spleen and liver.

China, or *Quinine*, *Ac.-Phos.*, and preparations of Iron would no doubt be found useful. Also perhaps *Apis* and *Lachesis* or *Crotalus*.

255.—Yellow Fever.

DEFINITION.—A fever of tropical and sub-tropical countries. Its characteristics are toxæmia of varying intensity with jaundice, albuminuria and marked tendency to hæmorrhage, especially from the stomach (*black vomit*).

The cause of the disease is a spirochaete, the leptospira icteroides. It is transmitted by the bite of a particular kind of mosquito (*Stegomyia*), and this fact has enabled the prophylaxis of the disease to be very satisfactorily carried out. The disease prevails in certain parts of the Spanish Main and the West Indian Islands, and spreads at times to other parts of America, the Southern States of U.S.A., and South American countries. In the past great epidemics have taken place, but now that mosquito transmission has been proved, they should never occur again.

SYMPTOMS.—After a period of incubation of uncertain length—during which there may be merely a little depression, loss of appetite and nausea—violent shivering and vomiting occur. The chill is rapidly followed by intense fever, rapid pulse, high temperature (101° to 106°), excruciating headache, backache, and pain in the limbs. Retention of urine and costiveness are present. The countenance is sad or stern, and the mind is affected. In from twenty-four to sixty hours an abatement occurs, and good nursing leads to rapid recovery, but as there is a great depression of the vital powers the time is critical. Voracious hunger, dyspeptic symptoms, wakefulness, a lemon tint in the eyes, and depressed mind are of ominous import. The *third stage* is one of collapse. This, the most fatal stage, is marked by increasing yellowness of the skin; burning pain in the throat, stomach, and bowels; dark-coloured urine; diarrhœa; restlessness; delirium; hiccough; and the much-dreaded *black vomit,* resembling coffee-grounds, or soot, or snuff, suspended in water; this condition is the result of hæmorrhage into the stomach. In an advanced stage *bloody furuncles* occur, or *Hæmorrhage from various parts or organs simultaneously;* the urine is albuminous or suppressed, coma and convulsions supervene, and the life of the patient is terminated by *exhaustion or syncope.*

TREATMENT.—*Prophylactic.*—The essence of this treatment consists in destroying the mosquitos in every way possible, and in screening all rooms at night to prevent their access to human beings; measures of drainage and disinfection of all shallow waters, breeding grounds of mosquitoes, cleaning away and destruction of refuse are therefore, as in the parallel case of Malaria, of supreme importance. Rigid measures of this kind have stamped the disease out to all intents and purposes in Havana and the Panama Canal zone. Indeed, the building of the Canal has mainly been rendered possible by the success of the doctors in dealing with Malaria and Yellow Fever.

MEDICINAL TREATMENT.—The disease is very deadly, the mortality varying from fifteen to eighty-five per cent. in different epidemics. Homœopathy, as usual, has had much better results, whenever it has been employed.

EPITOME OF TREATMENT.—

1. *First stage.*—Camph. (*chills and shivering*); Acon. alt. Bell. every hour (*intense fever and pain in the head*); Gels. alt. Bry., unless fever be much reduced in twenty-four hours; Cimic. (*rheumatic pains in back, limbs and head*); Ipec. (*nausea and vomiting*); Ant.-T. should *Ipec.* prove insufficient; China (*prostration after hæmorrhage*).

2. *Second stage.*—Ars. and Merc. alt. 2 hours; Coff. (*nervous and restless at night*); China.

3. *Third stage.*—Ars. and Crotalus (alt. 2 hours; *interposing only such remedies as are called for by urgent symptoms*). Crotalus is one of the best indicated and successful remedies for severe cases, and can be given early as well as late in the course of an attack. Black vomit, *Cadmium Sulph.*

4. *Prophylactics.*—Acon., Cimic., Bapt.

ACCESSORY TREATMENT.—There is good reason to believe that the disease is not conveyed by clothing or fomites generally. Nevertheless naturally discharges from the patient, and all soiled articles should be quickly disinfected and removed, and the air of the apartment kept as fresh and untainted as possible. During the chill, a hot mustard foot-bath, repeated in a short time if necessary, often gives ease. A copious injection of warm soap-suds, to relieve the lower bowl, and frequent cold sponging of the whole body with tepid water acidulated with vinegar, to relieve the burning heat are also advisable. The diet in this stage should be a few water biscuits, soaked in weak black tea. In the second stage, rice, milk, and arrowroot may be added to the diet. In the prostration of the third stage, champagne, beef-tea, and wine-whey may be necessary.

256.—Dengue.

Definition.—An acute infectious disease of tropical and sub-tropical regions, characterized by paroxysms of fever, pains in joints and muscles, and a variable skin eruption. It occurs in India, East Indies, and has occurred in Southern U.S.A. in various epidemics; also in Egypt. It spreads very rapidly, and is almost universal in its attack, but rarely fatal.

Symptoms.—A period of Incubation of three to five days is followed by headache and intense aching pains in joints and muscles. The temperature rises gradually and the usual accompaniments of fever, loss of appetite, coated tongue, etc., are present. The skin shows an erythema at first, and later usually a variable eruption, like measles or papular, or (rarely) vesicular. An attack lasts seven or eight days, and is followed by considerable prostration. Hæmorrhage may occur from mucous membranes. From the occurrence of gastric hæmorrhage, the disease has been mistaken for Yellow Fever now and then.

TREATMENT.—The disease is very like Influenza in its symptoms, and the remedies likely to be useful can be compared with those generally indicated in Influenza. At first *Baptisia* or *Gelseminum* is likely to be required; later, *Eupatorium, Cimicifuga, Arsenicum.* For the subsequent prostration *Ac.-Phos., Lecithin, Avena, Psorinum* will come to be considered. The accessory treatment should be that common to febrile disorders.

257.—Tropical Dysentery.

This is of two kinds: (*a*) Amœbic; (*b*) Bacillary.

A.—AMŒBIC DYSENTERY.

DEFINITION.—An inflammation of the colon, or large bowel, caused by a specific amœba. There is a special liability to abscess of the liver.

The disease is widely prevalent in India, Egypt, and tropical countries. It occurs also in the United States. The organism is readily found in the discharges and the diagnosis thus confirmed. The lesions consist of inflammation with ulceration of the mucous membrane of the large intestine. If the ulcers heal and recovery ensues stricture may result from the contraction of the scars.

SYMPTOMS.—Acute cases begin suddenly, with pain and tenesmus. The stools are bloody or mucous and bloody. There may be nearly constant tenesmus and passage of a little blood and mucus every few minutes. The temperature is seldom high, but exhaustion and emaciation is rapid. Death may occur within a week from exhaustion, or from extensive hæmorrhage or perforation and peritonitis. Recovery may ensue or the disease become chronic with alternating periods of constipation and diarrhœa, the later with frequent passages of blood and mucus and much pain. In these cases the nutrition is sometimes fairly well maintained. The tongue is often red and glazed. If the amœbæ are conveyed to the liver by the portal vein an abscess may form. Its formation is accompanied by pain, fever and sweats, and the liver dulness will increase upwards or downwards. It may rupture into the lung with profuse expectoration of so-called "anchovy sauce" sputum.

TREATMENT.—Rest in bed and liquid diet, or at least very light diet, is indicated. Hot application to the abdomen, especially flannels wrung out of very hot water with a drop or two of turpentine sprinkled on, are grateful.

MEDICINAL TREATMENT.—*Emetine* is almost specific and should be given hypodermically in one grain doses for six to twelve doses repeated if necessary. Where abscess of the liver develops *Emetine* should also be given and surgical aid at once sought.

B.—BACILLARY DYSENTERY.

DEFINITION.—An inflammation of the large intestine causing an acute disorder with frequent passages of blood and mucus. The intestine is not deeply ulcerated in this form as it is in form A, but acutely inflamed with superficial necrosis of tissue. The disease is caused by the bacillus dysenteriæ. There are several varieties of the germ. By a blood test the diagnosis can be confirmed and by cultivation of the bacillus. This form of the disease occurs in temperate as well as in tropical climates, frequently in epidemics.

SYMPTOMS.—There is a period of incubation of forty-eight hours. Then pain in the abdomen, slight fever, frequent stools; mucus appears in the stools almost at once, and blood very soon. The temperature rises, the tongue becomes coated, pain increases; delirium may ensue, and death on the third or fourth day. The patients become very emaciated. The attack may linger in a sub-acute form for weeks. Peritonitis or abscess of the liver is rare.

TREATMENT.—Rest in bed and light diet or liquid diet. Warm applications to the abdomen. Large rectal injections have been extensively used.

MEDICINAL TREATMENT.—Homœopathists generally have found *Merc. Corr.* a prime remedy, and Dr. Ringer has endorsed its value from the other side. Its special indications are: constant cutting pains; intolerable tenesmus and straining; frequent discharges of blood and mucus; < after midnight; scanty urine; pains in rectum unrelieved by stool. Other remedies to be considered for acute cases are *Arsenicum* (stools more watery and offensive, burning pains); *Baptisia* (great prostration and fever); *Carbo.-Veg.* (collapse); *Dioscorea* (very violent pain and tenesmus); *Kreosote, Lachesis, Phosphorus* (painless discharges).

258.—Asiatic Cholera.

This disease though now rarely seen in temperate climates, has nevertheless at different times spread widely in Europe. It is therefore considered among the General Diseases in the earlier pages of this volume.

259.—Plague.

Definition.—A specific disease, due to a bacillus (*B. Pestus*), characterised by inflammation of the lymphatic glands (*buboes*), carbuncles, pneumonia and frequently by hæmorrhages.

This disease is of ancient date, having been known since the sixth century at least. At different times epidemics of it have devastated Europe; the most famous being the "black death" of the fourteenth century. After 1665 its ravages greatly lessened and in Europe it is now all but unknown, but in the East, especially during the last twenty years, it has been a great scourge, China and especially India are the chief seats of it, and in the latter it is a problem of the first importance. Outbreaks have occurred in Egypt, South Africa, San Francisco and Sydney, and cases have occurred in Glasgow (1900) and other English ports, but wherever sanitation is efficient the disease can be quickly checked, and not many Europeans contract it. The cause of the disease is a specific bacillus, and the rat appears to play a great part in the spread and transmission of the disease, by means of its parasitic fleas which carry the germ. Cleanliness, fresh air, and other sanitary measures are powerfully inimical to it.

Symptoms.—The disease begins with headache, back-ache, stiffness, anxiety, restlessness, depression. The temperature rises steadily for three or four days, then may drop slightly. A secondary fever rising even higher than the first may supervene. Collapse and death frequently follow. The swelling of the lymph glands (*buboes*) appears from the third to the fifth day. The glands in the groin are usually the ones affected, but glands elsewhere may suffer also. The glands may subside or suppurate; suppuration is regarded as a favourable feature. Defoe notes this in his account of the plague of 1665. Petechiæ (hæmorrhages under the skin) are very common, and may be large; hæmorrhages occur often from mucous membranes.

A septicæmic form occurs with death in three or four days before the buboes appear. Hæmorrhages are common with this form, and Pneumonic plague, with pneumonia, high fever and hæmoptysis, is also very fatal (ninety-six per cent. of deaths). Sometimes there is diarrhœa and other symptoms analogous to those of typhoid may appear.

TREATMENT.—In the early stages of an outbreak the diagnosis turns on the recognition of the bacillus and the prompt segregation of infected and possibly infected persons. The disease has been acquired by bacteriologists working in laboratories, but with precaution the risk can be reduced. When the disease is recognised, besides isolation of patients and contacts, most thorough disinfection of clothes and all evacuations (stools, sputum, etc.) should be practised. Dead bodies should be cremated. As stated above, sanitary measures have proved effective in Europe, America and Australia, but in India what has been done in this way has had less obvious results; but the difficulties in the way of efficient sanitation are great.

MEDICINAL TREATMENT.—Ice may be applied to buboes, and it has been recommended that bichloride of mercury be injected into them. Apart from these local measures, the chief reliance of orthodox medicine is on prophylactic vaccines (Haffkine's principally). The therapeutic principle is that outlined in the chapter on vaccines, and considerable success has been claimed for this particular vaccine. The mortality of plague varies very much at different places and seasons, and in different epidemics, and consequently it is far from easy to establish the comparative values of remedies. Homœopathically chosen drugs have not had an extensive trial. From the symptoms, *Arsenicum album*, with *Baptisia* should be useful at first, and *Lachesis*, *Crotalus*, *Naja*, and *Elaps* later. Lieut.-Colonel Deane, a homœopathic physician who has treated many cases of plague, thinks the serpent poisons the most hopeful remedies. A vaccine might be tried in potencies.

260.—Malta Fever.

DEFINITION.—A specific disease, characterised by irregular pyrexia, sweats, arthritis, general pains and enlarged spleen. The cause is an organism—*Micrococcus melitensis*. The disease prevails in Malta and countries bordering on the Mediterranean. It occurs also in India, China, Porto Rico, and Manilla.

SYMPTOMS.—There is an incubation period of from six to ten days. The fever is of a remittent type, the temperature chart showing waves of pyrexia lasting from one to three weeks, with intermissions of two or more days. This condition may last six months or more. Obstinate constipation, progressive anæmia and debility set in, and the spleen becomes enlarged. Neuralgic and joint pains are common, and arthritis and inflammation of fibrous tissue occur. The direct mortality is not high, but patients are very liable to relapses, and may remain more or less ill for years, although having intervals of comparative health.

TREATMENT.—*Prophylactic.*—There is good evidence that the germ is largely conveyed in goats' milk, and avoidance of this is the best prophylaxis.

Medicinal.—There is no record as far as we know of cases treated homœopathically. In the early stages *Baptisia* and *Arsenicum* should be useful. Later *Arsenicum*, particularly the Iodide of Arsenic, *Mercurius*, *Natrum Mur.*, *Ceanothus*, *Ferrum Phos.*, *Phosphorus*, *Lycopodium* and *Sepia* would have to be considered. If the fever is high, cold sponging may be used, and in chronic cases a change of climate is desirable.

261.—Leprosy.

DEFINITION.—A chronic infectious desease, caused by a specific bacillus, characterised by tubercular nodules in the skin and mucous membranes, or by changes in the nerves. The forms may be separate at first, but are combined in the course of time.

The disease is a very ancient one, and has been known for thousands of years, although various skin diseases were no doubt confounded with it sometimes. It was once widely spread over Europe, but has declined since the sixteenth century. To-day it is found in Iceland, Norway, Sweden, Russia, and parts of Spain. There are a few small foci of the disease in Canada and U.S.A. It occurs in the West Indies and Mexico, and the Sandwich Islands, and in South Africa, Australia and New Zealand. It is wide-spread in China and India.

The cause of the disease is a bacillus which has certain resemblances to the tubercle bacillus. It is very difficult to cultivate, but genuine cultures appear to have been made. The bacilli are found in the open sores, and in the secretions of nose and throat, and probably enter the body through mucous membranes or skin. Probably infected clothes play a large part in spreading it, and in any tropical country the laundry arrangements need the most careful supervision.

Symptoms.—In Tubercular Leprosy the first symptom is that of areas (maculæ) of erythema in the skin, which are highly sensitive. Pigment often develops in them and on these places the characteristic tubercules develop. They may grow into nodules of some size with intervening areas of ulceration and partial cicatrization. Deep ulcers may form, leading to loss of fingers or toes. Sometimes tubercules do not develop, but the maculæ become insensitive and lose all pigment, so that the skin there becomes perfectly white. Eyelashes and eyebrows fall out in later stages, the mucous membranes of nose, throat and often conjunctiva become inflamed, and death often results from pneumonia or laryngeal inflammation, In Anæsthetic Leprosy the first symptoms are usually pains in the limbs and areas of numbness. Maculæ or bullæ (large blisters) may form and leave areas of anæsthesia when they disappear. The nerve trunks where they are palpable are found to be large and nodular. Later large bullæ develop ; they break and leave destructive ulcers, with loss of substance. This form is very chronic.

Treatment.—Since the bacillus (or more properly speaking, streptothrix, for it is probably not a true bacillus) has been cultivated, it is possible to make a vaccine and encouraging results are reported from its use (*Rost*). Chaulmoogra oil has a certain reputation with orthodox physicians.

Homœopathic Treatment.—Apart from vaccines (which are in principle homœopathic), homœopathic treatment holds out some hopes of relief or cure, but homœopathy has not had much opportunity to try its methods hitherto. The following should be useful remedies :—

Sulphur.—(Occasional doses of high potencies) will almost certainly be needed as an intercurrent remedy in the course of this disease.

Sepia is more likely to be needed in later stages when ulceration and tubercles are well developed.

Silicea.—Later stages, with ulceration.

Anacardium.—Anæsthetic patches with weakness and prostration.

Arsenicum.—Hyperæsthesia and anæsthesia; involvement of nerve trunks.

Comocladia.—Skin white.

Lachesis.—Deep ulcerations.

Phosphorus and *Graphites* are other drugs that should be borne in mind, and *Hydrocotyle* has been much praised.

All discharges from wounds and mucous surfaces should be carefully disinfected, and great care exercised by any who come in contact with the cases to avoid contagion. Lepers, wherever possible, are isolated in definite communities.

262.—Pellagra.

This is a disease which may be treated of for convenience here, but it is not properly speaking a tropical disease. It occurs chiefly in Italy, South of France, and Spain, and it has now penetrated to the United

States. It is now considered to rank with Scurvy and Beri-beri as one of the deficiency diseases, *i.e.*, diseases due to the absence or diminution of an essential protein from the diet. Undoubted cases have been observed in England, and it is probable that the disease is more widespread than has hitherto been recognised. It frequently ends in paralysis and mental disorders, so that the English cases have so far been recognised in asylums. Poverty is a marked predisposing cause.

SYMPTOMS.—These at first are indefinite, being debility, pains in the spine, insomnia, dyspepsia, rarely diarrhœa. The characteristic sign is the development (almost always in the spring) of the skin lesion. This begins with erythematous patches, followed by desiccation; the skin becomes harsh, dry and pigmented. Crusts may form with suppuration underneath. With this occur much more marked dyspepsia, salivation, and diarrhœa. Milder cases slowly recover, but relapse. More grave cases go on to marked symptoms, headache, backache, spasms; finally paralysis and melancholia or mania and death.

TREATMENT.—For drug treatment, homœopathic experience as yet is small, but from the symptoms given there is no doubt that *Sulphur, Sepia, Nat.-Mur., Lachesis, Arsenicum, Phosphorus, Argent.-Nit.* and other drugs should have great value. In Paralytic cases *Lathyrus* should be remembered. In early stages remarkable improvement follows a diet rich in proteins (eggs and meat), though in later stages this is ineffective.

263.—Sprue.

Definition.—A chronic disease characterized by catarrh of the alimentary canal from mouth to anus, tenderness of tongue, and pharynx, aphthæ of tongue and gums, diarrhœa, gradual atrophy of the liver. It fluctuates much with periods of improvement, but leads to gradual exhaustion, anæmia, and in severe cases to death.

The disease is endemic in India, Ceylon, Malay, Annam, Tonquin, parts of China and Japan.

It is due to an infiltration of the mucous membrane of the tongue and alimentary tract by the yeast fungus. Existing intestinal disease and other debilitating conditions no doubt predispose. It affects women more than men, Europeans more than natives, and seldom comes on till after long residence in the tropics (ten to fifteen years).

Symptoms.—The earliest are attacks of sore tongue and tender gums, and white patches (aphthæ), and small ulcers appear. With this there is dyspepsia and perhaps diarrhœa. Recurrences occur becoming more and more severe, but the characteristic diarrhœa sets in; this consists of frequent stools in the early part of the day, at first watery and pale yellow, but later of a dirty white colour, and the consistence of mud, at times frothy and fermenting. The stool is acid; bile is absent and the liver gradually diminishes in size. The mouth and throat symptoms continue; the tongue becomes red and denuded, and is very sensitive. Taste and smell are often lost. Fever is not common, but anæmia and sweating occur in later stages, and death from exhaustion. The disease may last for years.

TREATMENT.—It is usual to put the patient on milk, at first milk only and later a diet consisting mainly of milk. This involves no work for the liver, and patients have been able to recover a large measure of health and keep fairly well by persistence in the diet. Only in cases where milk is unsuitable should raw meat juice be tried. Later when the stools have been reduced in number, scraped meat or very much underdone meat and other articles of diet should be gradually added. Liver soup has been highly praised as an article of diet. At the beginning of treatment the patient should be kept in bed and the abdominal compress is useful.

DRUG TREATMENT.—There is no regular orthodox treatment by means of drugs. Fresh bael fruit and *Santonin* have been advocated. Mouth washes of weak carbolic acid (one per cent.), and boracic acid or alum are helpful, and the small ulcers should be touched with caustic. Lieutenant-Colonel Deane reports that he has found no drugs of any value, even given on homœopathic grounds, but homœopathic experience in this disease is not large. The symptoms suggest that *Sulphur*, *Arsenicum*, *Borax*, *Phosphorus* and others should have value.

264.—Beri-beri.

DEFINITION.—A disease often occurring in epidemics, consisting of multiple neuritis, of both motor and sensory nerves.

This disease is prevalent in China, Japan, and the Philippines and very extensively in the Malay Archipelago. It occurs in India and Burmah, South America, the West Indies, and cases in sea-ports of England and U.S.A. are not uncommon.

There is now a mass of evidence accumulated to show that the disease arises from the eating of rice, which has been "polished," and thereby deprived of its pericarp. It therefore attacks nearly always those for whom rice is the staple diet. Europeans living on a mixed diet are less susceptible.

SYMPTOMS.—Pain and weakness in the limbs often preceded by catarrh; modifications of sensation; palpitation and shortness of breath. Attacks of this kind may come on and pass off, and recur during a space of years. It is the mild form of the disease. There is inflammation of the nerves (neuritis), and the symptoms are due to this.

There are more severe and dangerous forms :—

(*a*) The Atrophic, where loss of power progresses rapidly with atrophy of muscles and ultimate paralysis. There is usually a good deal of pain.

(*b*) The Dropsical with less atrophy and pain, but characterised by œdema or dropsy, with (frequently) effusions into chest and abdomen. Palpitation is common.

(*c*) The Pernicious, where the cardiac symptoms are acute and grave, sometimes causing death within twenty-four hours.

The mortality is very variable according to the form of the disease.

TREATMENT.—The use of polished rice must be abandoned, and unpolished rice substituted. There is some evidence that it is the phosphatic elements in the polishing that are essential, so the administration of *Sanatogen* or *Ovaltine* might supply the deficiency.

DRUG TREATMENT.—The essence of the disease lies in the multiple neuritis, and there are several drugs that have the power of producing neuritis, and should, therefore, be used on homœopathic grounds. Most prominent is *Arsenicum,* which should find a place for the treatment of all the forms of Beri-beri. The *Iodide of Arsenic* might be more valuable in the cardiac forms where also *Lachesis* might be remembered. After *Arsenicum, Carbo.-Sulph.* suggests itself; *Phosphorus* and *Gelseminum. Aconite* in early stages, with more involvement of sensory nerves. Chronic cases should have remedies chosen on the general symptoms.

CHAPTER XV.

REPRODUCTION.*

Throughout the animal kingdom we find the welfare of the individual subordinated to that of the species. The crowning act of an animal's life is the reproduction of a new individual fitted in all respects to take the place of the parent organism and so maintain the race on earth.

In the case of the lowliest unicellular organisms, which reproduce themselves only by fission, we cannot rightly speak of death from natural causes. One amœba divides into two new individuals similar to it in every way, and these in their turn divide again. Hence the amœbæ have with some right been spoken of as immortal.

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* It has been thought advisable to introduce this short chapter, for, although it deals with normal phenomena, yet all the process of reproduction is for one reason or another so guarded from discussion that there is often gross ignorance of matters of vital importance. This ignorance must tend to ill in the community and so in a manual of health, a chapter such as this can claim a place.

As we go higher in the scale, we meet with more highly differentiated organisms, consisting of cell colonies each member of which has its own appointed task to fulfil, and here we find that the office of reproduction also is confined to one cell or group of cells—called in the female the ovary, and in the male the testicle. The immortality of the amœba has been transmitted to this group of cells. These reproductive organs might be eliminated entirely and the power of the body as an organism to maintain its individual existence not be seriously interfered with.

In the sexual mode of reproduction, which obtains in man and all the higher animals, the conjunction of two cells is required. One cell is the female element called the ovum and is developed in the ovary ; the other, the male, cell is called the spermatozoon and is developed in the testicle. These two cells unite by the penetration of the spermatozoon, which is motile, into the ovum to form a new cell, which, thereupon, begins to grow rapidly and produce an organism that in all of its manifold peculiarities of structure and function is essentially a replica of its parents.

The sexual fertilization of the female cell or ovum is supposed to take place after its extrusion from the ovary and shortly after its entrance into the Fallopian tube, which leads from the ovary to the uterus or womb. By the act of coitus the motile spermatozoa of the male are deposited at the mouth of the uterus, whence they make their way towards the Fallopian tubes. The ovum unites with a spermatozöon, and, under normal circumstances, with only one.

The period of active sexual life, during which the individual is capable of begetting or bearing children begins in both sexes about the age of fourteen to sixteen, known as the age of puberty In women, the beginning of this period is marked by the onset of menstruation, which is a phenomenon dependent upon periodical activity in the ovaries, and takes the form of a flow of mucus and blood from the genital organs. It lasts from three to five days and recurs every four weeks—hence it is known as the monthly period, menses, menstruation, or catamenia. The interval is not absolutely regular, and shows many individual variations within limits which may be placed at twenty to thirty-five days. The quantity of blood lost is also subject to individual variations.

Menstruation is associated with ovulation, which latter consists in the discharge of an ovum from the ovary into the Fallopian tube whence it is conducted to the uterus. If the ovum be not fertilized, it is expelled with the blood and products of disintegration of the uterine mucous membrane at each menstrual period. If, however, it be fertilised while in the Fallopian tube, a considerable thickening of the uterine mucous membrane takes place, and when the fertilized ovum reaches the uterus it becomes imbedded in this thickened mucous membrane which grows round it and by means of its blood-vessels affords it nourishment.

In animals which have a rutting season, ovulation is also accompanied by a flow of blood and mucus from the genital organs, and it is during this period, which corresponds to the menstrual period that impregnation is effected. In the human species, impregnation may be effected at any time, and the union of spermatozoon with ovum may occur in the uterus, Fallopian tube, or even on the surface of the ovary.

Certain premonitory symptoms usually precede each appearance of the menses, such as pains in the back or head or a general feeling of discomfort, although in some cases these symptoms are absent. When these premonitory symptoms are unusually painful or serious, and the flow is difficult or irregular, the condition is designated as dysmenorrhœa.

Absence of the menstrual flow is designated as a condition of amenorrhœa, and occurs during pregnancy and also generally during lactation. Menstruation ceases altogether between the ages of forty-five and fifty. After this time, which is known as the natural menopause, climacteric, or change of life, the woman is no longer capable of bearing children. The change is sometimes abrupt, sometimes very gradual, being preceded by irregularity in menstruation, and it is not unfrequently associated with psychical and physical disturbances. If, at any time, during sexual life the ovaries are completely removed by surgical operation, menstruation is brought to a close, this condition being designated as the artificial menopause.

At about the eighth week after impregnation the formation of the placenta takes place. It is through the medium of the placenta that the developing animal obtains all the nutrient material it requires—both oxygen and combustible food stuffs. The placenta, at the same time, serves as an excretory organ for the fœtus, and is therefore alimentary, respiratory, and excretory.

While the ovum is undergoing its wonderful developments in which a complete human being is being formed out of a single cell by division and differentiation, the uterus becomes very much enlarged, and its walls thickened by new growth of muscular tissue. At the end of nine months from the date of impregnation, the development of the fœtus is complete, and parturition takes place. This consists in the expulsion of the fœtus by muscular contraction of the uterus.

Parturition, or labour, is divided into three stages. In the first stage the contractions of the uterus which are not unfrequently painful and hence spoken of as "pains," are devoted to dilating the mouth of the uterus. When this is fully dilated the utering contractions change in character, becoming more prolonged and are accompanied by strong contractions of the abdominal muscles which force the child out through the vagina. A short time after the birth of the child, the "pains" recommence and expel the placenta with the decidua and fœtal membranes. After birth the enlarged uterus rapidly diminishes in size in consequence of the atrophy and disintegration of the newly formed muscular tissues, and this involution is complete at the end of three months.

The young child at birth is not independent, but relies for many years for nourishment and protection on the parents. For the first nine months of the child's existence under normal circumstances it is nourished almost entirely on the secretion of the mammary glands of the mother. Although milk may be expressed from the breast as early as the third month of pregnancy, the active secretion begins shortly before or immediately after parturition. The first milk that is secreted, which is called colostrum, differs markedly from normal milk. The active secretion of ordinary milk sets in on the second or third day after delivery.

CHAPTER XVI.

IMMUNITY: VACCINES AND SERA.

THE words Bacteria, germs, microbes, have become very familiar of late years, and the problems of Bacteriology have grown to be important to every citizen, both in his public and his private capacity. The science of germs is of recent growth, but has rapidly advanced to being a great accumulation of knowledge, and problems of great interest and significance arise out of it. Bacteria (which are sub-divided into Bacilli, Micrococci, Spirilla, etc.) are minute living unicellular organisms of the nature of Fungi, invisible individually, except to high microscopic magnification. There are very many varieties which can be distinguished by the expert. Of these many do not affect man, or are not harmful, but a certain number are "pathogenic," that is to say, they can, when circumstances favour them, multiply as parasites in the body, and cause sequences of disease phenomena which are fairly constant for each variety. In other words certain germs multiplying in the body are held on good evidence to be the cause of certain diseases. The list of such diseases is a long one; in other parts of this work the causal germ is noted in relation to each disease, which is held to be produced by it. The germs give rise to the disease in two ways. Multiplying locally at the site which has become infected with them, they can cause irritation, inflammation and often suppuration as the body reacts to their presence; but a more important cause of disturbance is the manufacture of poisons called *toxins* as a consequence of the growth of these parasites. Toxins result from germ growth, being either waste products of the germ life, excretions as it were, set free in the body of the victim, or substances produced in the tissues in the struggle which these make against the invaders. Conceivably both these sources (and possibly others) are responsible for the toxins of disease, which in their turn cause the constitutional symptoms of the patient, fever, malaise, etc., as well as certain of the local symptoms.

Bacterial diseases then are the result of Bacterial growth and manufacture of toxins. It is, therefore, clear that to prevent the admission of certain germs to the body becomes a matter of the greatest importance. The suppuration of wounds which used to make even the slightest surgical operation fifty years ago a source of possible danger, was shown by Lister (following Pasteur) to be due to micro-organisms. This established, it became a problem for surgery to control the growth of these germs. Antiseptic methods represent the endeavour to destroy them when they have found a lodgment; asepsis the endeavour to prevent their entrance. This last procedure has attained such perfection that to-day in the vast majority of cases, healing without suppuration can be guaranteed. The due preparation of the patient's skin; the sterilizing (destruction of germs) of instruments, dressings, water, all in fact that comes in contact with the patient (generally by means of heat); the surgical cleanliness of surgeons' and assistants' hands, usually to-day achieved by wearing sterilized gloves; all these procedures are directed to the one end of asepsis, prevention of entry of germs into wounds, and are notably successful in their attempt. Surgery owes its commanding success and assurance to its mastery of the principles of asepsis. But the citizen is influenced in his life (or should be) by the thought of germs in other ways. Few germs can long survive exposure to air and sunlight; hence the breaking up of slums, the provision of decent houses and open spaces, is not only a measure of philanthropy (not to say justice), but reacts in turn on the health of the whole community. For the fever bred in the slum may be carried to the villa or the mansion. Pathogenic germs like those of typhoid, diphtheria, infantile diarrhœa, etc., are introduced into the body by water or milk. Hence the supreme importance of controlling and investigating water and milk supplies and maintaining in them a good standard of purity, and the importance of efficient drainage, prevention of pollution of streams and all other means of making difficult the access of possible pathogenic germs to places from which they may be conveyed to human beings. Most of the work of Public Health is connected directly or indirectly with Bacteria, and a realization of the powers of these organisms should help the citizen to understand that it is policy as well as duty to spend freely on Public Health since Public Health means private health. The surgeon, therefore, and Public Health Official have to prevent the access of pathogenic germs to human beings. Nevertheless, the defence is frequently broken through and patients contract germ diseases, becoming thereby the care of the physician. The physician can do much to limit infection, by isolating the diseased; even sufferers from nasal catarrh should realize that they are dangerous in some degree to others; indiscriminate expectoration is now rightly prohibited; the sputum contains germs of tubercle, pneumonia, etc., and when it dries to dust and blows about to be swallowed or inhaled it carries the potentialities of these diseases; but with all this preventive effort must go a curative effort as well towards the patient who has contracted sickness.

Homœopathy supplies the best means of choosing remedies for the particular disease on the ground of similarity of symptoms, and apart from drugs much may be done to relieve the suffering, but it is of importance to realize the natural efforts of resistance which the body makes to the invader, apart from outside help, for otherwise the physician may hinder where he desires to aid. The defences of the body are primarily directed to destroying the bacteria. The white corpuscles of the blood have the power of ingesting and destroying the germs (phagocytosis), and this power is reinforced by the development in the body of a variety of substances which weaken the bacilli in various ways. These substances, called generically anti-bodies, vary in different diseases and have different powers according to which they receive different names, agglutinins, opsonins, lysins, etc.; it is not fully known from what they are manufactured; some are present normally in blood, ready for possible invaders, others are only produced in response to a specific enemy. It may be laid down as a general rule that whenever a living body is attacked by a pathogenic germ, the attack proves a stimulus to the body to produce a specific defence. If the defence fails the patient dies, or becomes the subject of a chronic disease, if the defence is adequate the invader is destroyed or rendered harmless, and the patient recovers. In other words, there are two factors in bacterial diseases. There is the seed and there is the soil. When the body has its resistance so perfected that an invader is helpless, it is said to be immune, and to reach a condition of immunity is the aim of treatment. In some persons this exists preformed for some diseases: such persons if attacked by one of these diseases either show no symptoms, or only a few abortive ones, for symptoms are the expression of the struggle between the invader and the tissues. When the disease symptoms are unmistakeable that implies a struggle, and a gradual progress towards immunity and cure, or defeat and death (or chronic disease). In many cases immunity when reached persists for a longer or shorter time, and that is why one attack of some diseases protects for a while against further attacks.

The effect of treatment therefore should be to encourage natural resistance. Attempts to act directly on the invaders are often made, but seem generally (if not always) futile. Malaria is due to an organism (not a bacterium but a so-called plasmodium), and *Quinine* is supposed to act directly upon it. It is true that outside the body, *Quinine* in a certain strength of solution will kill it, but to assume therefore that its action when swallowed is a similar one is to make a doubtful deduction. It is more probable that it acts through the body-mechanism for resistance, rousing it to efforts of which it was incapable without the stimulus.

It may now be asked what place treatment can have if it is held to be futile to attempt to attack the invader directly. The answer lies in the apparent fact that the body sometimes possesses a power of resistance which nevertheless lies latent; this latent power can be called forth by appropriate means and the invader routed. Otherwise apparently a patient may die or become chronically ill for want of some stimulus to evoke his latent powers. General hygienic treatment (fresh air and diet, etc.) aims at putting the body-mechanism in a favourable condition to respond, and has a value. The drug homœopathically chosen, however, appears to be potent to give a more direct aid. There is some evidence that when appropriate to the patient and the condition (which is the meaning implied by the word homœopathic) it stimulates the production of anti-bodies directly. Further inasmuch as it is attracted (because of its similarity) to the cells which are principally attacked it is likely that it stimulates them directly, enabling them to maintain their ground till such time as the anti-bodies are elaborated. For the defeat or victory of the invader is often determined by the time which can be allowed to the defence in the body of the citizen as well as with the body politic of the state. In these two ways the homœopathic remedy gives it help and often decides the question of recovery or non-recovery, and often makes more speedy a recovery that would have taken place without it, though delayed. If it is freely admitted also that recovery is often natural and not drug aided, that in no way detracts from the wisdom of using the drug, for, unlike the drugs which are non-homœopathic, the similar remedy will at the least do no harm, and at the best may prove the decisive factor in the struggle.

The term immunity is now, it is hoped, clear, and the aim of drug giving to produce it or to help to produce it. But some interesting phenomena remain to be described. In investigating the problems of immunity it was found (as stated above) that in some diseases, notably in diphtheria and tetanus (lockjaw), the disease symptoms were mainly due to the circulation in the body of bacterial toxins, and that in these two cases an important part of the defence mechanism consisted in the elaboration of an antidote to the toxin, an anti-toxin, which directly counteracted the toxin and thereby gained time for the body to destroy the germs when otherwise it would have been overwhelmed by the poison. This discovery of Professor von Behring and Professor Roux was a most important one. It was found on following further these phenomena of anti-toxin formation, that if toxin were injected into a healthy animal (preferably a horse) in a dose insufficient to kill, the body promptly formed anti-toxin in excess, so that after a few symptoms the animal becomes quite well again, and circulating in its blood is found enough anti-toxin to counteract a good deal of fresh toxin. A further toxin injection sets this mechanism going again, and ultimately, with little or no discomfort to the animal, its blood serum becomes highly charged with anti-toxin. This serum can be drawn off and kept for a considerable time and forms the so-called anti-toxic serum. When a case of diphtheria presents itself it is possible to inject this diphtheria anti-toxin to counteract the toxin which is being manufactured; conceivably the serum can counteract it so completely as to produce a condition of immunity. But this immunity being due to the antidote artificially produced and injected, and not to the powers of resistance of the body, is called passive immunity in contra-distinction to active immunity. Of course, from the moment of invasion the natural powers of resistance are at work; the patient is producing his own anti-toxin as well as dealing with the bacilli directly. The function of the serum is to supplement the resources of the patient: therefore it is particularly valuable at the beginning of an attack before the forces of the defence are fully called out. Diphtheria is the best example of a disease wherein an anti-toxic serum has claims to be considered valuable, but tetanus (lockjaw) is another sickness where toxin and anti-toxin come into play, and serum has also been used with good effect (it is claimed) in certain streptococcal infections. This passive immunity, however, has on the whole been found to be a phenomenon which lends itself to use in treatment on rather a limited scale, and the hopes roused by the discovery of diphtheria anti-toxin (and to some extent justified in that disease) have not been much rewarded in attempting to deal with other diseases on similar lines.* However, the many and varied researches into problems of immunity were next rewarded by the placing of "vaccination" for bacterial diseases on a sound footing, and vaccination is an attempt to produce active immunity. It has already been pointed out above why one attack of a bacterial disease gives some immunity against future attacks. The observation of this fact led first to inoculation with mild small-pox as a preventive of severe small-pox. When it was found that this process was very dangerous, as contagion from a mild case had the power to develop sometimes into a very severe form of the disease if the inoculated patient proved susceptible, the practice was given up in favour of ordinary cow-pox vaccination. The theory of cow-pox vaccination is that the disease is a modified form of small-pox and possesses the power to prevent the severe disease. As we should now phrase it, it leads to the production of anti-bodies which are available against small-pox. The value of it has become a burning question, and till the discovery of the germ or organism of variola it is difficult to marshal conclusive evidence, but the process which is unproven for small-pox rests on a better foundation for other bacterial diseases. The names vaccination and vaccine are retained for the process and the substance used, although in other bacterial diseases neither process nor substance has anything to do with cow-pox. Whenever a germ can with confidence be reckoned as a causal agent in producing a disease, experience teaches that the best agent (or one of the best) for calling out the resistance of the body and so achieving cure, can be made from the causal germ itself. The organism is grown on a suitable culture medium outside the body, killed by heat, and injected into the patient, and this "vaccination" is found to evoke a specific resistance to the particular germ. Active immunity to it is, in fact, produced. The process was at first used for prophylaxis, to *protect* against diseases such as typhoid by preliminary vaccination and advantage has been largely taken of vaccines for this purpose. But it was presently found that even patients suffering from the actual diseases could at times have a latent power of resistance evoked by the cautious use of vaccines. But inasmuch as the ultimate rise of resistance (positive phase of Sir A. Wright) is preceded by a lowering of resistance (negative phase), it was found necessary to use vaccines with great care and in small (often minute) doses.*

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* The use of anti-tetanic serum in the Great War was very successful.

Now consider these discoveries of the bacteriologist from the point of view of Homœopathy. Here we find remedies for diseases made out of the very agents claimed to cause those diseases. The agents are slightly modified by culture outside the body, and the process of sterilization of the vaccines, and are then administered in small and infrequent doses. It would be difficult to find any other adjective than homœopathic for the practice, and the realization of this fact has done more to undermine the prejudice against Hahnemann than any other discovery. Long before Bacteriology, Hering and Lux, and others, had tried to make remedies by potentizing disease products. Compton Burnett indeed used a remedy analogous to Tuberculin before Koch, and discovered out of his own clinical experience the rules for its application in infrequent doses, which are identical with those of the modern use of Tuberculin, except that Burnett employed potencies (and high potencies) where to-day Tuberculin is generally given in quantities, very small it is true, infinitesimal sometimes, but yet larger than those of Burnett. Also Tuberculin is generally injected (not always, however), and Burnett gave his Bacillinum by the mouth. The other homœopathic users of "nosodes" (remedies made from disease products) also used only potencies, and to-day many homœopathists prefer these potencies and make new ones from bacterial cultures instead of injecting dead bacilli in vaccines. There is little doubt that this is quite a satisfactory procedure and the principle is the same whichever method is adopted. And that principle can only be conceived as an endorsement (for these bacterial diseases at least) of the homœopathic law, whereby homœopathic physicians can take new courage for this is an aid to their cause unlooked for, but none the less most welcome.

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* There is a form of vaccine made of so-called "sensitised" bacilli, which is claimed to be free of the danger of producing a negative phase, but there is nothing in the process of its manufacture and use that conflicts with the general theory of action of vaccines.

PART IV.

Materia Medica.

INTRODUCTORY.—With some exceptions, the remedies prescribed in this work are restricted to the fifty in the list, pages 63, 64. Physicians skilled in homœopathic therapeutics, however, as a rule, have a choice of several hundred remedies, each in different potencies. A physician has, therefore, great advantage over the amateur prescriber.

A difficulty will sometimes be experienced in choosing between two or more remedies, the symptoms of which bear many points of resemblance ; still, in nearly every instance characteristic differences exist which the experienced eye can detect. Remedies which, to the superficial observer, seem identical, will be found on closer inspection to possess distinctive features, determining, in the *ensemble* of the symptoms, the constitution and temperament of the patient to which it is adapted. Indeed, it rarely happens that either of two remedies can be selected indifferently.

A prompt and successful use of the Materia Medica can only be attained after persevering study and practical application ; but the student should not be deterred, though difficulties surround, and occasionally failures attend, first attempts ; for a deeper acquaintance with the remedies, and enlarged experience in using them, will enable him to be the instrument of restoring multitudes to health who need and claim his aid.

1.—Acidum Muriaticum—*Muriatic Acid—Hydrochloric Acid.*

This is a colourless liquid when pure, having a very sour taste and a suffocating odour.

Leading Uses.—Such fevers as Enteric, Influenza, Typhus, etc., when there is little natural reaction; aphthous, ulcerative, and malignant affections of the *mouth, tongue and throat;* Scarlatina Anginosa in the septic stage, and *Diphtheria* (as a local application); blackish or brownish sordes on the teeth, etc. In the above conditions it rivals *Arsenicum. Ac.-Mur.* is recommended for chronic earache following Scarlatina, and we have found it most useful in several affections consequent on Scarlatina, Enteric fever, etc., especially Deafness, offensive purulent discharge from the ears, nose, etc., more particularly in tubercular patients; burning itching eruptions, ulcers, secreting a fœtid ichor, Eczema of the ear, etc.

Ac.-Mur. may be used as a gargle or paint in ulceration of the throat, and in Diphtheria; taken internally, it is generally prescribed in the 1x to 3x dil., but is also active in high potencies when well indicated.

2.—Acidum Nitricum—*Nitric Acid.*

Leading Uses.—In many chronic affections which result from infection by Tubercle, Syphilis or Gonorrhœa, especially in Syphilitic cases over-dosed with Mercury and Mercurial poisoning; chronic varicose veins, with tendency to ulceration. In certain fevers, *Ac.-Nit.*

is frequently required, especially in typhoid or malignant Scarlatina, Small-pox, etc.

EYES, EARS, ETC.—Purulent Ophthalmia, Otorrhœa and Ozæna.

RESPIRATORY SYSTEM.—Chronic, violent, dry, laryngeal cough, with stinging or smarting sensation on one side, as if a small ulcer was there ; Whooping-cough.

DIGESTIVE SYSTEM.—Sore and ulcerated throat (internally and as a gargle) ; diphtheria occasionally ; Salivation, with spongy swelling and bleeding of the gums ; heartburn, with sour eructations ; chronic Gastritis of drunkards ; some diseases of the liver of a chronic kind ; Diarrhœa of children, the motions being green, curdled, mixed with mucus, and passed with straining ; chronic Diarrhœa and Dysentery ; Fistula and Fissure of the anus ; Prolapsus ani ; Hæmorrhoids, with weakness of the sphincter ani.

URINARY AND GENERATIVE SYSTEM.—Enuresis, with fœtid, purulent urine. *Ac.-Nit.*, sufficiently diluted, has been recommended and successfully employed, as an injection, for chronic cystitis and foul leucorrhœa ; also as a local application for soft Chancre, syphilitic Ulcers, and Condylomata. Two drachms of the dilute acid to a pint of water is the strength Ringer recommends, and with this wash the Condylomata are to be constantly kept moist.

SKIN.—Ulcers, with rapid destruction of tissue, soft edges of greyish-green colour, and tendency to *fungoid growth.*

3.—Acidum Phosphoricum—*Phosphoric Acid.*

This is a colourless inodorous liquid, of an agreeable acid taste. It is obtained by the mutual action of *Phosphorus* and *Nitric Acid* in distilled water.

LEADING USES.—*Physical or nervous debility* from any cause with *cold, clammy sweats or profuse perspiration ;* exhaustion from loss of the fluids of the body, as in hæmorrhage, excessive or prolonged Diarrhœa, Spermatorrhœa, etc. ; passive Hæmorrhage ; consequences of grief, care, too rapid growth, Onanism, etc. Phthisis, with colliquative sweats, great exhaustion, Diarrhœa and debility in many conditions of septic absorption. Spinal weakness, with great fatigue on exertion, and frequent inclination to pass water ; curvatures of the spine ; *Caries of bone.* Falling-off of the hair after a severe illness or as a sign of general debility. In old-school materia medica it is considered tonic, and is administered in large doses (10 to 30 min.).

HEAD, ETC.—Headache at the back and nape of the neck, with pale face, from nervous exhaustion ; dull or confused intellect, weak memory, dejection of spirits, etc., from brain-fag, seminal or other losses, or exhausting disease. Weakness of sight and deafness, during or consequent on, severe disease.

RESPIRATORY SYSTEM.—Chronic Bronchitis, with bloody purulent expectoration, and night sweats ; Pneumonia, with hardness of hearing, excessive weakness, pale sunken face, Diarrhœa, etc.

URINARY SYSTEM.—Too *frequent desire to pass water*, especially in the moring, the urine being copious and light-coloured ; frequent involuntary emissions of urine, with nervous symptoms ; Diabetes Mellitus ; phosphatic deposits in the urine, or alkalinity of urine, milky urine in children.

GENERATIVE SYSTEM.—*Seminal emissions from self-abuse ;* impotence, from too rapid escape of the semen after an erection, or before it is complete ; general debility from sexual excesses or Spermatorrhœa; thin, acrid, chronic Leucorrhœa, with pale face and general debility.

4.—**Acidum Sulphurosum**—*Sulphurous Acid.*

When Sulphur or brimstone is burnt, a highly characteristic, pungent, and stifling odour is evolved, which is the odour, not of Sulphur, but of its dioxide, and when this gas is collected in water it forms *Sulphurous Acid.*

It has a powerful deoxidizing property, and a most destructive action on vegetable life; it is upon this latter property that its therapeutic value mainly depends. It can be used locally as a disinfectant and deodorizer; as an application to septic wounds or as a gargle or spray for infected throats in the proportion of one part of the alcoholic solution of Sulphurous Acid to ten parts of water. But agents such as formaldehyde have largely displaced it.

LEADING USES.—*Throat and chest affections*—septic Sore throat, Tonsillitis, clergyman's hoarseness, chronic Catarrh, Influenza, Cough, Bronchitis, Asthma, etc.; in conditions of this kind it is a valuable remedy when administered in potencies from 1X upwards. The indications for its use resemble those of Sulphur and of Sulphuric Acid, and the latter is more frequently employed internally. *Neuralgia and Toothache, cutaneous diseases*—Ringworm, Eczema, Chilblains, Cracked and Chapped hands, Ulcers, Sores, etc. *vegetable and animal Parasites*—Scabies, Pediculi, Helminthiasis, etc. It is chiefly appropriate to *chronic affections* requiring *Sulphur* internally, when local medication is also desirable, and, especially, when parasitic, or septic conditions are present.

Besides its use in the form of a *spray*, it may also be applied by *fumigation*, or by *inhalation*, a few drops being poured on boiling water, and the vapour therefrom inhaled. Further, it may be used as a paint for the skin or throat, diluting the acid with about twice its bulk of Glycerine.

5.—Aconitum Napellus—*Monk's-hood—Wolf's-bane.*

This plant is a native of Asia and of Central Europe, and grows spontaneously in the damp and covered parts of almost every mountainous country, especially in Switzerland, Germany and Sweden. On account of its beautiful flowers, notwithstanding its poisonous properties, *Monk's-hood* is cultivated, and grows readily in the gardens of our own land.

The parts used are—the leaves, flowers and root, from which tinctures are made ; but it is from the root that the most active preparation is obtained.

THERAPEUTIC VALUE.—As a therapeutic agent in the hands of a homœopathic practitioner, *Aconitum* is one of the first importance. "This medicine," says Hempel, "constitutes the backbone, as it were, of our Materia Medica" ; there being scarcely an acute disease in which it is not more or less required. Had Hahnemann's labours extended no further than the discovery and demonstration of the wide and inclusive curative power of this great remedy, they would have entitled him to the gratitude of countless myriads of his fellow-creatures in every succeeding generation. He most appropriately ranks it as first and foremost in his Materia Medica, not because its name begins with the first letter of the alphabet, but because of its transcendent power and extensive sphere of action ; he terms it a "precious plant," whose "efficacy almost amounts to a miracle." Let the sceptic in homœopathic therapeutics test its power in *acute fevers* in accordance with the directions laid down in this Manual, and he will witness a curative action of a most striking kind. As confirmatory of this assertion, we may cite the extensive use of *Aconite* now adopted by allopathic practitioners of eminence, but they were slow to recognise its value. Some striking instances of this adoption of Hahnemann's teachings and practice by men of the old school are given in the early numbers of the *Homœopathic World.**

PROMINENT USES.—*Aconite* is useful in all recent affections, accompanied by, or depending upon raised arterial tension and the nervous excitement that accompanies it. It is not a remedy for chronic arterial tension, although useful in temporary exacerbations of such a condition, nor is it a remedy for inflammatory processes where the natural resistance is poor and the signs of septic absorption prominent. It is very serviceable in some reactionary conditions—exhaustion after excitement, etc. It surpasses all other known remedies in its power of controlling the circulation, and triumphantly supersedes the lancet and the leech. " To enumerate the diseases for which it is suitable would be to mention the acute inflammation of every possible order and tissue of the body ; and if it be not for all of these the sole remedy, it is almost always useful either previous to, or in alternation with another remedy which has perhaps a more specific relation to the part affected " (*Dudgeon*).

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* The *Lancet* regards it as an almost infallible remedy, and in estimating the "cooling power of drugs," remarks: "It is curious here to observe how really powerful agents have been neglected, while an absurd confidence has been reposed in remedies which could not possibly have any genuine effect. Only think of the gallons of '*sweet spirits of nitre*' that have been poured down people's throats! Yet this is a medicine which may be confidently pronounced to be unworthy of the slightest confidence, were it only for the fact that no two specimens ever resemble each other in composition, and that a considerable number probably contain scarcely a vestige of the real drug. And then reflect, on the other hand, of the extraordinary neglect of *Aconite*, a drug which enjoys certainly the nearest approach to infallibility, as a reliever of *dry* heat of skin, of any remedy that we possess." "Curious," indeed, to this allopathic editor; but the virtues of *Aconite* had at that time been well known to Homœopaths for nearly eighty years! Ringer, in the fourth edition of his "Therapeutics," writes: "Perhaps no drug is more valuable than *Aconite*. Its virtues are only beginning to be appreciated" (!).

Although it may be often greatly abused, it is probably more frequently indicated than any other single remedy, especially at the commencement, and often during the course, of nearly all affections marked by *pain ;* a *rapid* strong *pulse ; dry heat* of the *skin ; chills*, followed by burning heats ; restlessness ; *scanty* and high-coloured *urine ;* Constipation ; aggravation of the symptoms towards night ; notably, *Acute Rheumatism, commencing catarrhs, Erysipelas, Hæmorrhage* from internal or external surfaces, especially of an arterial character, with full, bounding pulse. It acts by moderating and equalising the circulation, and so removing local congestion, especially when affecting mucous surfaces. Cases within the sphere of *Aconite* are generally benefited at once ; if, therefore, relief does not follow after a few doses, other means should be tried.

Aconite has, however, no power to control bacterial invasions, such as Enteric, Typhus, and Intermittent fever, and most cases of influenza. Even in many cases of Scarlatina its use is limited. Again, as Hughes remarks, *Aconite* does little for a fever which is symptomatic of an acute local inflammation. In Pneumonia, the pulse defies *Aconite*, but goes down quickly when *Bryonia* or *Phosphorus* touches the local mischief. " Indeed," writes the same author, " it may be laid down that unless a fever has greatly abated within twenty-four hours of commencing *Aconite,* it is one for which the remedy is unsuited." But although it cannot abridge specific fevers, its administration exerts a beneficial influence by favouring perspiration, inducing sleep, and soothing the nervous system. " In some inflammations, however, *Aconite* alone may effect a cure, as being a specific irritant of the part affected." In the use of *Aconite,* the general recognition of these observations is necessary to prevent disappointment.

NERVOUS SYSTEM.—*Neuralgia* accompanied by arterial excitement of the affected part, such as occurs in persons debilitated by anxiety, over-excitement, etc., in whom the disturbed equilibrium tends to local congestions. Neuralgia depending upon diseased bone, carious teeth, or tumours pressing on nerves are only temporarily, or not at all, benefited by *Aconite. Apoplexy* with bounding pulse ; recent paralysis such as facial paralysis, with numbness and congested skin, and painful pricking sensations, as from needles ; *infantile convulsions ; spasmodic Croup ; Congestive Headache* when the sensorium is not involved ; nervous tremors in sensitive and weakly persons, etc.

EYES, EARS, FACE, ETC.—*Acute Ophthalmia,* with shooting pains, and frontal headache ; pain or inflammation in the eyes after injuries or operations ; acute *Otitis, Otalgia,* and *Deafness* from cold ; *Catarrh* in the invasive stage (see " Respiratory System ") ; oversensitiveness of smell ; *Epistaxis* from cerebral congestion. *Facial Neuralgia* (see " Nervous System ")

CIRCULATORY SYSTEM.—Recent Rheumatic affections of the *heart ; Palpitation* from nervous, hysteric, or febrile excitement, or occurring in plethoric or sensitive persons ; *Congestion of the heart,* with anguish, heat, depression of spirits; the *paroxysms of Angina Pectoris ;* fainting-fits, with collapse of pulse ; and the deadly collapse of Cholera.

RESPIRATORY SYSTEM.—*Catarrh* and *Influenza* in their *invasive* stages—dryness and burning of the air-passages, sneezing, burning and fulness over the eyes, headache, chills, weariness, and soreness ; fluent Coryza ; chronic Catarrh with thick mucus ; acute Sore Throat ; Laryngitis ; Bronchitis ; spasmodic, dry hard cough ; Pleurisy ; Pneumonia, Congestion of the lungs ; Hæmoptysis ; the paroxysms of spasmodic Asthma.

DIGESTIVE SYSTEM.—*Teeth.*—Rheumatic and congestive tooth- and face-ache, especially from exposure to cold and draughts of air ; throbbing, pressing pains in the teeth or side of the face, relieved by cold water ; fever attending dentition. *Tongue, Throat, etc.*—Dryness and swelling of the tongue ; white or yellow-furred tongue ; soreness and dry heat in the throat ; Quinsy (often curative in the early stage) ; swollen, elongated uvula ; rising of sweetish or acid water in the mouth. *Stomach, etc.*—Continual formation and eructation of flatulence ; bilious nausea, vomiting of blood, with feverish symptoms (if due to injury *Arnica* should be thought of, but *Aconite* may supplement its action), inflammation of the stomach, bowels, or peritoneum ; constipation, with fever ; profusely bleeding Piles ; Diarrhœa during *teething,* the little patient's cheeks being flushed, with other febrile symptoms ; acute *Congestion of the liver* (*Mercurius* may be subsequently required).

URINARY SYSTEM.—Retention or suppression of the urine from inflammation or congestion; high-coloured urine, with or without brick-dust sediment; burning and tenesmus of the neck of the bladder; inflammation of the kidneys; Urethritis; Acute Orchitis, etc.

SKIN.—*Dry, hot,* harsh, and yellow colour; ephemeral itching and burning of the skin. *Acon.* is well indicated in the dry, burning heat of *children,* or red rash, with thirst, etc. Perspiration occurring after this remedy marks its favourable action, and is the token for its discontinuance.

6.—**Æsculus Hippocastanum.**—*Horse-chestnut.*

This remedy has been well proved in America, and considerably used both there and at home.

LEADING USES.—Our own experience with this drug, and our prescription of it in this Manual, have been chiefly restricted to affections of the *rectum* and *anus.*

DIGESTIVE SYSTEM.—*Hæmorrhoids,* with small discharges of blood, but much pain, swelling, and rigidity of the rectum; *Constipation,* with very distressing sensations—aching, constriction, fulness, pricking, itching, and protrusion—in the rectum and anus, the pains also extending to the back. It is inferior to *Nux Vom.* and *Sulph.* when there is much abdominal congestion, and to *Ham.* when the hæmorrhage is copious, and there exists a general varicose condition of the system. The chief symptoms, then, for *Æscul.* are piles, with Constipation, severe pain, and but little hæmorrhage; and for these it is a precious remedy.

GENERATIVE SYSTEM.—*Leucorrhœa* with the characteristic pains and lameness in the small of the back. *Lumbar and sacral pains* which accompany Leucorrhœa or Hæmorrhoids, erroneously supposed to be of a rheumatic character, are specially under the control of *Æsculus.* The provings and clinical reports collected in the latest edition of Dr. Hale's New Remedies are both interesting and satisfactory.

7.—Agaricus Muscarius (*Fly agaric*).

Agaricus is a poisonous member of the mushroom family, and is used by Kamskatkans for making an intoxicating drink.

Leading Uses.—Nervous disorders, neuralgia, St. Vitus' dance, spinal irritation ; also in skin affections, especially chilblains and frost-bite.

Digestive System.—Offensive smell from mouth, offensive tasting, empty eructations ; heavy sensation at stomach ; stitches in liver and spleen ; Rumbling in bowels ; Diarrhœa, mostly in the morning, after rising, with much rumbling ; passing much inodorous flatus.

Nervous System.—Twitchings ; spasmodic movements of eyelids and eyeballs ; Chorea ; movements ceasing during sleep ; symptoms worse at approach of thunderstorm ; spine sensitive to touch ; every motion causes pain.

Skin.—Burning, itching, redness, swelling as in frost-bite and chilblains. *Agaricus* patients are very sensitive to cold air.

8.—Aloe Socotrina—*Aloes.*

This remedy, so much used by our "orthodox" brethren, is also very valuable to us ; but we use it with much greater precision of aim and specific curative results.

Leading Uses.—*Hæmorrhoids,* with profuse discharge of blood, great straining, burning, and cutting pains, and rush of blood to the head ; *Dysentery,* with similar symptoms. *Diarrhœa,* like that produced by drastic doses of the drug, having a bilious character and foul smell, and accompanied by an uneasy sensation about the liver, a continual inclination to stool, as if Diarrhœa were about to come on. *Menstruation,* when profuse, and associated with Hæmorrhoids as above described.

Aloes, 6th dil., is reported to have cured falling off of the hair.

Hempel states that *Acon.* is the best *antidote* for allopathic doses of *Aloes,* but *Sulphur,* which has been rightly called the chronic counterpart of *Acon.*, is even more effective in this respect.

9.—**Antimonium Crudum**—*Crude Antimony.*

This mineral is often found combined with small quantities of Lead, Copper, Iron and Arsenic, and consequently requires great care in its preparation for medicinal purposes. We use the crystalline tersulphide, and prepare it for use by *trituration.*

LEADING USES.—The beneficial action of Antimony is chiefly limited to the mucous membrane of the digestive tract, and the skin, more especially when those surfaces are *concurrently* diseased. The characteristic mental condition of ill-temper and peevishness is a strong additional indication. The ill-temper is aggravated by attempts at consolation.

DIGESTIVE SYSTEM.—When this remedy is indicated, the *lining membrane* of the stomach and alimentary canal is loaded with mucus, and there are—foul, bitter *eructations,* tasting of the food ; nausea, and sometimes vomiting ; fœtid flatulence ; loss of appetite, milky-white tongue; slow digestion, with drowsiness, loss of strength, etc.; Constipation, alternating with Diarrhœa. It is an excellent remedy in that morbid condition of the intestinal canal which favours the development of *worms.*

Urinary Organs.—Chronic Catarrh of the bladder, with *turbid, fœtid urine,* and sometimes painful micturition.

Skin.—Pimples or blotches; Nettle-rash associated with Indigestion; ill-conditioned, unhealthy appearance.

A *simultaneous* affection of the mucous membranes and the skin, as before remarked, is an additional indication for *Ant.-Crud.*

10.—Antimonium Tartaricum—*Tartarated Antimony —Tartar Emetic.*

Though less violent as a poison than was at one time supposed, this salt has, nevertheless, been highly destructive to life, and our chief knowledge of its physiological action has been derived from allopathic experience with it in large doses. For homœopathic purposes it is prepared by *trituration* or *solution,* in the lower potencies triturations are to be preferred.

Leading Uses.—The chief sphere of action of this medicine lies in the *mucous membranes,* the *lungs,* and the *skin.*

Respiratory System.—In large doses it produces a kind of catarrhal inflammation, beginning in the lining membrane of the throat, and extending to the trachea and bronchial tubes, and even exerting its irritant influence on the lung tissues themselves. We should, therefore, expect *Tartar Emetic* to be a valuable remedy in certain inflammations involving these parts, and experience has amply justified this expectation. In *Bronchitis*, especially *Capillary Bronchitis*, and *Pneumonia* and *Broncho-Pneumonia*, it has proved a most useful remedy; in the *wheezing*, *breathing*, and coughs of children and aged persons, where there is much mucus and defective ability to expel it; also in chronic cough, with profuse and easy mucous expectoration. Orthodox authorities now recommend *Tartar Emetic* for similar conditions.

DIGESTIVE SYSTEM.—The *vomiting* to which this remedy is homœopathic is nervous and sympathetic rather than gastric, and is attended by *nausea*, great straining, pale skin, and much depression and prostration.

SKIN, ETC.—When applied locally to the skin,* or during its internal administration, as in allopathic uses of it, *Ant.-Tart.* produces a pustular eruption much resembling *Small-pox*; and in this disease it has proved to be of great value. "Not only does it cause a specific pustular eruption, closely resembling that of Small-pox, but it has also the vomiting, the pustules of the mouth and throat, the viscid mucus clogging the air-passages, and the initial severe backache, which no less characterise the disease. Correspondingly with this close homœopathicity, the power of *Tartar Emetic* as a remedy for Variola is very great. Testimonies to its value are collected in the *New Materia Medica*; it is said to be especially useful in cases where the respiratory mucous membrane is much affected" (*Hughes*). *Sycosis* (Barber's Itch) and a variety of cutaneous eruptions, especially *Ecthyma*, are amenable to this remedy.

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* "In the form of ointment," Ringer writes, "*Tartar Emetic* excites in the skin a characteristic inflammation, which at first forms papules, then vesicles, and lastly pustules. The rash thus runs the course of the eruption of Small-pox, and in each of its stages simulates this very closely."

11.—Apis Mellifica—*Honey-bee.*

The medicine is prepared either by macerating the part containing the sting, or triturating the whole bee after drying.

LEADING USES.—Rapid *acute œdema* of various parts; it also affects the mucous membrane of the genito-urinary organs, producing inflammation, etc. In all affections for which this remedy is prescribed, the presence of urinary difficulties—retention, irritability of the bladder, etc.—furnishes additional indications for its administration.

THROAT, ETC.—Sore throat, with œdematous swelling of the tonsils, uvula, and palate, and stinging pains when swallowing; Hoarseness and dry cough; acute œdema of the tongue,* etc.

URINARY ORGANS.—*Apis* has a direct action on the mucous lining of the kidneys and neck of the bladder (compare *Canth.*); inflammatory affections of these organs, with frequent urging, but inability to urinate.

SKIN.—*Erysipelas* with rapid swelling, without the inflammatory redness pointing to *Bell.*, or the formation of vesicles characteristic of *Rhus*: *Urticaria*, for which it is a prime remedy, especially if there be itching with stinging and burning and acute œdema; *Carbuncles*, with extensive erysipelas blush; and other skin affections, in which burning, stinging, and itching are prominent symptoms.

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* There is scarcely a remedy that has such marked symptoms of Glossitis as *Apis*. In one case of poisoning, the inflammatory swelling was not the result of a sting in the lining membrane, or of the introduction of the poison in the stomach, so that the inflammation might be accounted for upon the ground of local action; but the inflammation occurred after a sting in the temple, showing that the virus has a specific effect upon the tongue."—*British Journal of Homœopathy.*

12.—Apocynum Cannabinum—*Indian Hemp.*

Leading Uses.—The value of this remedy, as far as at present ascertained, is chiefly restricted to *Ascites, Anasarca,* and nearly every form of *Dropsy.* Its beneficial action seems to be due to its power of restoring and increasing the urinary secretion, and in some cases it proves rapidly curative, even after the ineffectual use of *Apis, Ars., Hell., Dig.,* etc. In Dropsy resulting from advanced organic diseases, as *Cirrhosis, Tubercular Meningitis,* etc., this, like all other remedies, must prove inadequate for its removal. Nevertheless, it is a drug we should administer in the face of the most disheartening symptoms. It belongs to the same family as *Strophanthus,* which closely resembles it in action.

Additional Uses.—*Nasal Catarrh ;* distension and oppression after meals, with some difficulty of breathing. *Sinking* at the pit of the stomach is also a prominent symptom. *Menorrhagia,* and in some varieties of passive uterine hæmorrhage ; the indications are debility, quick feeble purse, palpitation, irritability of the stomach, and suppressed urine. For Dropsy, one to four or five-drop doses of the ϕ tincture, or better still, of the freshly prepared infusion ; for Catarrh, the 1x dilution.

13.—Arnica Montana—*Mountain-arnica—Leopard's bane.*

This plant is indigenous to the mountainous plains of a great part of continental Europe ; also to America and Siberia ; but it flourishes particularly in Switzerland. Its medicinal properties are more especially concentrated in the flowers and root. The strong alcoholic tincture is of a brownish-yellowish-green colour, yielding a strong characteristic odour, which predominates over that of the alcohol.

LEADING USES.—*Injuries,* immediate or remote, local or general, *from falls,* or *blows,* severe concussions, such as often occur in railway accidents, without leaving external marks of violence ; concussion of the brain; *physical fatigue ;* backache, stiffness and soreness from walking, riding, etc. ; the so-called Rheumatism of the intercostal muscles (*false Pleurisy*) from over-exertion; spasmodic Cough, the violence of which causes aching and soreness of the sides, and even Hæmoptysis.

Aching of the eyes through over-use, Epistaxis or Hæmatemesis, from severe exertion or a blow. *After-pains* are often quickly relieved by *Arn.* ; *Angina Pectoris,* when the pains are brought on by slight exertion ; sores of bedridden patients ; Chilblains; small Boils, etc.

SPECIAL CHARACTERISTICS.—It is said to be chiefly adapted to plethoric persons, disposed to cerebral congestion, and acts but feebly in those of soft flesh or debilitated constitution. Its power over all ailments resulting from injuries is wonderful.

The Hunting-field.—Hunting men are liable to falls that shake every bone in their bodies ; the effects of these concussions, though no bones be broken, are generally painful : one or two drops of the 1x dil. in half a wineglass of water repeated once or twice, works wonders in these cases. Next morning in place of being stiff and miserable, the sportsman is ready for renewed engagements.

The Labouring Classes.—Among the labouring classes in agricultural districts, a life of heavy toil often causes a comparatively early old age, with supposed Rheumatic pains, which incapacitate them from further toil. These "*miserables*" are greatly benefited by *Arnica*, from 1st to 3rd dilution, in one or two-drop doses, three times a day.

In fact, almost in every ailment traceable to falls, hard knocks or blows, or hard work, *Arn.* becomes an essential part of the treatment. In old-standing cases the treatment may be commenced with a high dilution, and continued by a course of gradually lower dilutions in sequence.

After excessive bodily fatigue the temperature occasionally rises. In such cases *Arnica* in the lower dilutions may be given with great advantage; it promptly allays aching and weariness.

Apoplexy.—In some cases of active congestion of the head in old persons, threatening Apoplexy, *Arnica* acts admirably.

Heart.—Hypertrophy of the heart, induced by over-exertion, in young men, is often relieved and sometimes cured by *Arn.*, even after allopathic physicians have pronounced the affection incurable.

Dysentery.—Partly from its relations to Hæmorrhage, and partly from its influence on muscular fibre, *Arnica* finds a place in the treatment of Dysentery, and gives marked relief to the abdominal pains (*Hughes*).

EXTERNAL USES OF ARNICA.—*Formula.*—A *lotion* may be made by mixing twenty drops of the strong tincture in about half a teacupful of water; if the skin be broken, the lotion should be somewhat weaker. The bruised parts may be bathed with this lotion, or it may be applied by linen cloths saturated with it, and covered with dry flannel.

In *Bruises, Concussious*, etc., the consequent discoloration, stiffness, and swelling may be almost or entirely prevented by the *prompt* use of *Arn.*—A *black-*

eye may thus be obviated. This action, however, depends very much on the *promptitude* with which it is applied after the injury.

In *cuts and lacerations, if Arn.* be used, the lotion should be only half as strong as for bruises, and if there is the slightest tendency to Erysipelas it should not be used at all. (See "Caution," further on.)

Aching and soreness of the feet from excessive walking may be promptly relieved by a warm foot-bath, in which a spoonful of the strong tincture is mixed. For the *muscular fatigue of any part,* the internal action of the remedy will be well seconded by the application of a lotion—one part of the strong tincture to about twenty of water.

After the extraction of teeth, the mouth may be rinsed with a little water containing a few drops of *Arnica tincture.*

Sore nipples are sometimes cured by the use of *Arnica lotion.* The nipple should be bathed after each nursing, taking care to gently wash the part before again sucking.

To *Corns, Chilblains, Chapped hands or lips,* and sometimes in *Rheumatism,* etc., *Arn.* is also an invaluable application.

In addition to the *tincture,* there are various useful forms in which *Arnica* is prepared :—*Arnica Cerate* and *Arnicated Balls,* for Chapped hands or lips, and for Chilblains ; *Arnica Liniment* and *Opodeldoc,* for rubbing the parts in Sprains, Rheumatism, etc. (see *Rhus Toxicodendron*).

CAUTION.—*Arn.* is apt to produce in some persons a severe form of Erysipelas, when applied externally. In some instances, it produces Erysipelas by its mere exposure in the room in which susceptible individuals sleep. Indeed, in consequence of this tendency, we but rarely prescribe a lotion of the strong tincture; substituting for it *Ruta*, *Calend.*, *Ham.*, or *Rhus*. It should always be used with caution, and in a sufficiently diluted form.

ANTIDOTE.—The *Erysipelas* produced by *Arn.* may be often cured by the application of a Camphor-lotion (forty drops of *Spirits-of-Camphor* in half a pint of water), and by the internal administration of the drug at the same time. A too strong *Camphor-lotion* we have often known to produce unpleasant results. *Canth.* is sometimes used as an antidote.

14.—Arsenicum Album—*White Arsenic—Arsenious Acid.*

Taken into the mouth *Arsenious Acid* has no immediate decided taste, but it soon occasions an acrid sensation. It is prepared for use by solution and trituration.

PATHOGENETIC EFFECTS.—Its injudicious or prolonged use occasions a general sinking of the vital powers, with derangement of the digestive and nervous systems, a small, quick, often irregular pulse, sleeplessness, and œdema of the face and extremities. Hence, in appropriate doses, it is admirably adapted to feeble and impoverished persons, and to a great number of their maladies. Mr. Hunt states the effects of *medicinal* doses to be—1, irritation of the conjunctiva;* 2, swelling of the face; 3, desquamation of the skin, only observable under a magnifying glass; 4, portions of the skin, protected from light, assume a dirty-brown appearance. Sir Thomas Watson mentions a peculiar silvery whiteness of the tongue as one of the symptoms. The deleterious properties of *Arsenious Acid* are widely known, and the foul deeds which have been committed with it have excited prejudices against its employment as a therapeutic agent. Poisonous doses produce violent *vomiting*, *Diarrhœa*, burning *pain* in the stomach, *thirst, constricted state of the mouth and throat, flushed, swollen, anxious countenance, quick pulse, extreme debility*, and, usually, convulsions before death.

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* Dr. Ringer says he has not found it necessary to produce smarting of the eyes and swelling of the lids in order to obtain those good results of the remedy in cutaneous diseases which Mr. Hunt says should be kept up throughout the treatment.

Leading Uses.—Affections of persons *debilitated* by excesses, innutritious diet, endemic diseases of *low and marshy districts*, abuse of Quinine, etc. It is especially indicated by great, rapid depression of the vital energies, *prostration and emaciation*, irritability of the intestinal tract, and a pale, sunken, or bloated countenance, with hippocratic expression. *Asiatic cholera*, with cold breath, paralysis of the bladder, etc. General *dropsical swellings*, including the swollen feet of aged and feeble persons; many chronic skin-affections, especially Eczema and Psoriasis, and *malignant diseases*.

In *Cancer* it gives wonderful relief, improves the general health, and often checks the rapid development of the disease. The pains that call for it are of *burning* character, *worse at night*.

Intermittent Fever, the three stages not being well-marked, occurring irregularly, or when one of the stages has predominated or been absent. It ranks next to *Quinine* in its power over Intermittent fever. Severe infections such as Enteric, etc., with rapid prostration, dry, burning skin, or cold, clammy perspiration; intense thirst; red, irritated tongue; extreme weakness and trembling; rapid, wiry, feeble, intermittent pulse.

NERVOUS SYSTEM.—*Intermittent Neuralgia*, with burning pains (some patients compare the pains to a red-hot wire along the nerve); the symptoms are generally worse at night, with mental effort, not relieved by cold water, and accompanied by great restlessness and anguish. Persons who have become weakened through long-continued anxiety, overwork, impoverished dietary, etc., are those in whom the *Arsenic*-Neuralgia is most liable to occur. Depression of spirits; hypochondriac dejection; great weariness and restlessness. Periodic headache; great weight in the head, and stupefaction; *Chorea.*

EYES.—Ophthalmia, with burning pains and soreness, dread of light, and swelling of the lids.

CIRCULATORY SYSTEM.—Angina Pectoris; some organic affections of the heart; Hydrothorax, small, accelerated, and feeble pulse.

RESPIRATORY SYSTEM.—Swelling, dryness, stoppage, or burning of the nose, with profuse acrid discharge; *Influenza;* suffocative paroxysms, especially after lying down at night; chronic *Bronchitis*, with oppressive, anxious, and laboured breathing, and great debility; difficult expectoration, the mucus being sometimes streaked with blood; dropsy of the chest; shortness of breath, especially on ascending a hill, with constitutional debility; inability to lie down, except partially propped up in bed.

DIGESTIVE SYSTEM.—Dryness and bitter taste in the mouth; thirst for small quantities frequently repeated; disagreeable odour from the mouth; Aphthæ; ulcerated, coated, cracked, red, and tremulous tongue; dryness and burning in the throat; throat affections of a serous or gangrenous character. Chronic nausea and vomiting, with heat and burning in the stomach and epigastrium, from ulceration; indigestion, water brash, and vomiting after food; vomiting of drunkards, which usually occurs in the morning, and is generally accompanied with much distress; sensation of weight and anguish, with cold and chilly feeling; great tenderness or violent colic; Cancer of the stomach; chronic affections of the liver; diarrhœtic stools, with frequent fœtid discharges; tenesmus, and burning at the anus; Diarrhœa from too rapid peristaltic action, hurrying the contents of the canal too much for proper absorption. As, however, the Diarrhœa caused by *Ars.* chiefly depends upon "intestinal *inflammation*, this remedy is not called for in merely functional diarrhœa, even if severe. In the various forms of chronic Diarrhœa where there is general inflammation, ulceration, or some other kind of disorganization, *Ars.* is a glorious remedy" (*Hughes*). *Arsenic* has a special affinity for the mucous membrane of the intestinal canal, and its effects are nearly as great when introduced by injection, or through a wound, as when swallowed.

GENERATIVE SYSTEM (*Female*).—Premature, profuse, and too long-lasting menstruation; acrid, excoriating Leucorrhœa. Its value seems to be due to its general action upon mucous membranes, and was accidentally discovered in several cases in which it was prescribed for various eruptions complained of, and in curing at the same time excessive menstruation and Leucorrhœa, which the patients had not previously mentioned. Its homœopathicity is further proved by the well-known poisonous action of this mineral in producing inflammation of the sexual organs.

SKIN.—Earthy, bluish, cadaverous colour; *burning itching*, not removed by scratching; *Malignant Variola*: red pimples, which break and form spreading ulcers;

pustules, obstinate Ulcers, and cancerous affections; fœtid secretions and tendency to run into mortification; *Psoriasis, chronic Impetigo, Prurigo, Urticaria,* and *Eczema.* In Psoriasis, Dr. Ringer states the first influence of the drug is to make the eruption redder and more inflamed. This fact, if not known, would lead to the suspension of the medicine just when it commenced to do good; at the same time, it is unnecessary to give it in doses sufficiently large to do this.

15.—Arsenicum Iodatium—*Iodide of Arsenic.*

This salt of arsenic has been largely used on indications supplied by its two components.

Leading Uses.—Cases of phthisis and chronic bronchial affections, especially where there is tightness of the chest and difficult expectoration. Degenerative change in the heart, whether associated with chronic lung affections or not.* Cancer, especially cancer of the breast. It has been chiefly used in the 3x potency, either tincture or trituration. If the trituration is used it should be freshly prepared.

16.—Aurum Metallicum—*Metallic Gold.*

This is probably the most widely distributed of all the metals. The Greeks are supposed by some, the Arabs by others, to have been the first to use it medicinally. By British physicians it was formerly thought that gold had no curative properties, on the ground that it was not soluble in the gastric fluid; but by the process of *trituration*, as first adopted by Hahnemann, gold can be so prepared as to become a very active remedy. Of late years the opinion of the orthodox has been considerably modified as to the inertia of gold, and in the " colloidal " solutions of Robin and others, it has been used as a therapeutic agent.

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* See "Iodide of Arsenic in Organic Disease of the Heart," by Dr. J. H. Clarke. The substance of this work is incorporated with "Diseases of the Heart and Arteries," by the same author.

LEADING USES.—Syphilitic and mercurial cachexiæ ; *Caries* and *Exostosis* of bone ; Melancholia. The action of *Aurum* in the male sex resembles that of *Platina* in the female, but its use is not limited to either sex.

NERVOUS SYSTEM.—*Hypochondria,* with suicidal tendency, and rush of blood to the head ; Religious mania ; tremulous agitation and oppressive anxiety. Our provings of gold show that it causes melancholy and great depression of spirits, with congestion of the head and liver.

NOSE, ETC.—*Caries* of the nasal and palatine bones ; herpetic pustules, with thick scabs round the nostrils and on the upper lip ; purulent discharge from the nose, with fœtid odour ; *Ozæna.* The late Dr. Bayes, who had lived many years in Cambridgeshire, where Ozæna was rather common, reports that he had cured more cases with gold, from the 1st to 12th dilution, than with any other remedy.

CIRCULATORY SYSTEM.—Palpitation of the heart ; faintness, insufficient muscular power ; pain and discomfort in the cardiac region.

SEXUAL.—Chronic *Orchitis,* with aching pain ; syphilitic Sarcocele ; sexual excitement ; nocturnal erections and emissions.

OSSEOUS SYSTEM.—Inflammation and ulceration of bone ; severe mercurial or syphilitic pains in the cranial bones ; *nocturnal bone pains.* We have often found the later wonderfully relieved soon after commencing a course of this remedy. We have also found Exostosis strikingly under the control of *Aurum.**

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* See "Gold as a Remedy in Disease," by Dr. J. Compton Burnett

17.—Baptisia Tinctoria—*Wild Indigo.*

LEADING USES.—For infections which are accompanied with considerable prostration and signs of septic absorption, *e.g.*, many cases of Enteric fever and Influenza. Particularly when gastric and intestinal symptoms are prominent. Certain forms of "hectic" fever with great prostration in acute Tubercular affections. Some forms of dyspepsia.

FEVERS.—In Influenza, Enteric, etc., *Baptisia* is most useful at the commencement, when there is much aching of the limbs, nausea, sore throat, and prostrating headache. In advanced Enteric cases, *Ars.* is a better remedy. But if given early, the nausea and pains are quickly relieved, and the patient often makes a rapid recovery. It is of less value when bodily resistance is more evident, but if grave symptoms of toxæmia appear in Scarlet fever or other fevers, *Bapt.* should be administered as soon as the danger is threatened. Its power in these diseases resembles that which *Acon.* exerts in simple fever. We have repeatedly proved its value in fevers apparently simple, but which failed to yield to *Acon.* It should be given in a low dilution—the 1x, or even the strong tincture.

DIGESTIVE SYSTEM.—It is also recommended for chronic Dyspepsia with *great sinking at the epigastrium,* and a dry brown tongue in the morning. In Dysentery, especially in aged persons, with dark evacuations, or mucus and blood, colicky pains before stool, typhoid tendency, brown tongue, etc., it has been used successfully in almost hopeless cases.

18.—Baryta Carbonica—*Carbonate of Baryta.*

LEADING USES.—*Quinsy*—if administered early, the disease may then be checked; *chronic enlargement of* *the tonsils;* relaxed and easily-inflamed throat, with hoarseness; facial paralysis; paralytic and other affections of old persons, especially men (for aged women *Coni.* is generally more suitable); Wens, and Steatoma; Aneurism; depression of the sexual functions—Nocturnal Emissions, and Impotence.

Baryta Muriatica is used for *tubercular affections*—enlargement of the Glands, Eruptions, Exophthalmic Goître, Aneurism, etc.

19.—Belladonna—*Deadly Nightshade.*

This is an indigenous plant, of common growth throughout Europe and most temperate latitudes, flourishing upon a dry soil and on the slopes of hills. The leaves of the wild plant are considered more valuable than those of the cultivated.

It has been employed by Italian and Spanish women as a cosmetic for the face, to dilate the pupils, and give expression to the eye,—hence the name, which signifies "beautiful lady." It is scarcely necessary to add that its use in this fashion is injurious to the eye.

For medicinal purposes, the stems, leaves and flowers are used, from which a tincture is prepared.

POISONOUS EFFECTS.—The following are the symptoms produced by a poisonous dose:—Dryness and heat of the mouth and fauces, attended with thirst; difficulty of swallowing and articulation; constrictive spasms of the throat; nausea, sometimes vomiting, and at times swelling and redness of the face; dilatation of the pupils; obscurity of vision, or absolute blindness; optical illusions; suffused eyes; singing noises in the ears; numbness of the face; confusion of the head; giddiness; delirium, simulating intoxication, which may be combined with, or followed by, profound sleep; scarlet cutaneous eruption; and if the dose has been very large, complete coma, and death.

LEADING USES.—*Delirium*, or perverted brain function, from active congestion; congestive headache, with scarlet flushings of the face; Infantile *Convulsions*, etc. *Scarlet fever*, of the *red, smooth, shining* variety (*Bell.* is of little or no use in the other forms of the so-called scarlet fever, in which the eruption is not smooth or bright red). As a possible *prophylactic* against simple Scarlet fever, its application was first announced by Hahnemann, and afterwards confirmed by Hufeland. Our own experience, both in private families and schools, amply illustrates the value of this application of *Bell.* *Erysipelas* with bright-red flush and great heat, especially if there be head symptoms, dilated pupils, etc. (Vesicular Erysipelas with dull eruption indicates *Rhus;* and excessive swelling *Apis.*). It has a special and powerful action upon the brain and its membranes; the mucous lining of the throat is also remarkably sensitive to its action, its chief characteristics are—stinging or burning pains, aggravated by movement; swelling and shining redness of the affected parts. It is especially adapted to persons of active intelligence, to persons of amiable dispositions, inclined to become fat, with light hair, blue eyes, and delicate, easily-inflamed skin. Women and children, therefore, are specially amenable to its action.

DIFFERENCE BETWEEN BELLADONNA AND ACONITUM.—*Bell.* resembles the action of *Acon.* in some points, but differs from it in the following:—(1) It produces much more intense congestion; the inflammations occasioned by it attain a higher form, and are marked by symptoms of a much more dangerous character—Delirium, Convulsions, etc. (2) *Acon.* is adapted to simple fevers, or to the feverish reaction of the arterial system *generally*; *Bell.* to fevers with symptoms indicating active congestion or disturbance of the functions of the *brain*. *Bell.* has also a special affinity for inflammatory affections of delicate organs or tissues—the eye, the ear, the testicle, etc. and to individuals of a highly refined organism.

NERVOUS SYSTEM.—Giddiness; violent *aching in the forehead and temples*, aggravated by stooping and movement; *pulsative headache* from cerebral engorgement, with heat and redness of the face, and tendency to perversion of the brain-function (Sick headache or migraine is usually better met by *Iris* or *Nux V.*); nightly delirium, or paroxysmal insanity; *Acute Hydrocephalus*; *Epilepsy*, with active cerebral symptoms, and deep-red colour of the face during the fit; *Chorea*; *Squinting* (recent); *Infantile Convulsions* of true cerebral origin; intermittent *Neuralgia*, recurring in the afternoon, with scarlet-redness of the face.

SLEEP.—Sleeplessness, restlessness, or drowsiness; frequent waking; startings in sleep or when on the point of falling asleep, with cerebral excitement; screaming, moaning or terrifying dreams; sleeping with the eyes open or partially open.

EYES.—*Dilated pupils*; Photophobia; inflammatory redness and burning pain in the eyes; catarrhal and acute Ophthalmia; complete or partial Amaurosis; perverted or double vision; *Muscæ Volitantes.* Recent Neuritis optica (diagnosed with the ophthalmoscope).

EARS.—Tingling and roaring noise; catarrhal deafness, with sore throat; Deafness following Scarlatina or Typhus; lacerating pains in the ears; Otalgia; swelling of the glands near the ears.

RESPIRATORY SYSTEM.—*Violent, dry cough, worse at night,* cough from tickling in the throat, with headache and redness of the face; pain in the larynx when coughing; spasmodic Whooping-cough; *Hoarseness.*

DIGESTIVE SYSTEM.—Furred tongue, with red, elongated papillæ appearing through the fur; inflammation of the mouth and tongue; *Toothache,* with *red, hot* face, *throbbing pains* in hollow teeth, extending to the temples, aggravated by eating and by hot drinks; redness and tenderness of the gums; catarrhal *Sore throat,* with sense of rawness, swelling and difficulty of swallowing (if the swelling be very great, *Apis* should be preferred to *Bell.*); Bright-red appearance of the tonsils and uvula, with flushed face and headache; *Quinsy* (with salivation and fœtid breath, *Merc.*); spasmodic constriction of the throat; diarrhœic evacuations with straining, especially in children, with redness in the face before and during each motion; acute spasmodic pains in the rectum.

GENITO-URINARY SYSTEM.—Involuntary passage of urine, from paralysis of the neck of bladder; Nocturnal Enuresis, in delicate sensitive children; *irritability* of the kidneys and bladder (true *Inflammation* requires *Canth.*, etc.); Chronic Menorrhagia, with colicky pains (*Platina* should be considered for this condition); Toothache, Spasms, and Colic of pregnant women; Prolapsus uteri; Puerperal fever, with congestion of the brain.

SKIN.—*Scarlet redness,* with heat and dryness, diffused redness and burning swelling of the affected parts ; *non-Vesicular Erysipelas ; Boils and Carbuncles.* See also next paragraph.

EXTERNAL USES OF BELL.—*Pleurodynia, Lumbago,* and *Neuralgia* are, according to Ringer, much benefited and often cured by *Belladonna plaster.* Painful spots remaining after an attack of Lumbago, and excited by certain movements, are also much relieved by the application of the plaster. According to the same authority, *Boils, Carbuncles,* and threatened *Abscess of the breast,* are well met by local application of *Bell.* liniment or ointment. Inflammation of parts, threatening to end in Abscesses, have been thus arrested ; or commencing suppuration limited, and the pain subdued by the local use of *Bell.* The liniment, the extract or the ointment may be used, or instead a drachm of the officinal tincture to an ounce of olive-oil.

20.—Bryonia Alba—*White Bryony.*

There are many varieties of Bryony, but the one proved by Hahnemann is the *Bryonia-alba,* indigenous in the north of Europe, Germany, and some parts of France. A deep yellow and very bitter tincture is made from the *root.* *Bryonia dioica—Black Bryony,* common in the hedges and thickets of this country, is chiefly used as an external application in *bruises.* Professional pugilists employ it in the form of a poultice, and it is said to remove all discolouration in from one to two days.

LEADING USES.—*Rheumatism,* Acute and Chronic, worse on movement, affecting the joints and muscles ; *Lumbago,* with acute bruised sensations in the loins, and pains increased by movement ; stiff-neck ; complaints in which the serous membranes are involved—*Pleurisy,* Peritonitis, etc.; Bronchitis, affecting the large tubes only; Pneumonia; Relapsing fevers, chilliness being a marked symptom; *Dyspepsia;* some affections of the liver; etc.

HEAD.—*Congestive and Rheumatic Headache,* and headache increased by movement; giddiness, sense of weight, fulness, and a feeling as if the brain would press through the forehead on stooping. Unlike the *Aconite* headache, it has generally a gastric or rheumatic origin, and the ideas are not disturbed as when *Bell.* is indicated. Bleeding from the nose following headache is a further indication for *Bry.*

RESPIRATORY SYSTEM.—*Pleuro-Pneumonia* and *Pleurisy* (often after *Acon.*); Tracheitis and inflammation of the larger bronchi (we have better remedies for capillary Bronchitis); common "Cold on the chest," consequent on a similar catarrhal affection; dry cough, with constant irritation, little expectoration, stitching or catching pains in the chest, sometimes so severe as to induce retching.

DIGESTIVE SYSTEM.—*Water-brash,* Heart-burn, *acid eructation* (chronic *Robinia*), bitter taste, sense of weight or pressure at the pit of the stomach, as if a stone were lying there; bilious vomiting; *Constipation,* from torpor of the bowels, with congestive headache, the fæces being large, and the passage causing pain; *chronic* Constipation, with similar symptoms, congestion of the *liver,* with pain in the right shoulder, dull pain in the right side, and slightly jaundiced appearance. (Recent and painful enlargement of the liver may require *Merc.*).

GENITO-URINARY SYSTEM.—Red and scanty urine; premature and profuse menstruation; Milk-fever and threatened inflammation and Abscess of the breast from cold, in nursing women, when the breasts are knotty, swollen, and sore; these symptoms may also arise from weaning.

SKIN.—*Suppressed eruptions* are often redeveloped by a few doses of *Bry.*

SPECIAL CHARACTERISTICS.—*Bry.* is well adapted to persons of firm fibre, dark complexion, bilious and irritable temperament; also to affections brought on by exposure to cold, dry weather, and piercing wind; and when the symptoms are *intensified by movement.*

21.—Cactus Grandiflorus—*Midnight-bloom Cereus.*

This cactus is indigenous to Mexico and the West Indies, and it is not found, except in conservatories, in temperate latitudes, where, of course, it is not so vigorous, nor so suitable as in its natural climate for medicinal purposes.

LEADING USES.—*Affections of the heart and large blood-vessels,* in which congestion is dissipated and irritation removed by the drug; Palpitation from nervous or organic disease; heart-complication in Rheumatic fever, with excessive impulse of the heart's action, and intermitting pulse; sense of constriction in the region of the heart, as if the organ "were grasped and compressed by an iron hand."

Headache, with pressure or weight on the top of the head, especially in women with too frequent and copious menstruation; faintness and palpitation; acute Congestion of the head, with profuse Epistaxis.

In some respects it acts similarly to *Acon.* but in affections of the heart its action is unique. It is also of value in cough and hæmoptysis, the result of a failing heart, and in menorrhagia in heart disease.

22.—Calcarea Carbonica—*Carbonate of Lime.*

Calcarea Carbonica is found abundantly in the form of chalk, marble, egg-shells, oyster-shells, etc. For homœopathic purposes we employ *oyster-shells*, selecting the calcareous matter existing between the external and internal shells, from which we make triturations.

Leading Uses.—The sphere of this remedy is very wide, including *Tuberculous*, *Rachitic*, and other affections depending upon defective assimilation and nutrition, with debility, loss of flesh, etc.; difficult teething; soft condition of the bones (Rickets), on account of which the child is late in walking. Consumption, with hard cough, oppression, expectoration of yellow or green fœtid *pus*, Hæmoptysis, Hectic-fever, Night-sweats, etc. "It may be laid down that *Calcarea* is best adapted to the disorders of women and children, and to persons of leuco-phlegmatic temperament, with tendency to obesity" (*Hughes*). The flesh is pale, soft, and flabby.

Head.—Chronic nervous headache, with eructations, and sense of *coldness in the head;* dull headache, worse in the morning, as from brain-fag.

Eyes, Ears, Throat, etc.—Ophthalmia and Conjunctivitis, especially chronic, and in scrofulous patients. Otorrhœa and chronic Otitis; chronic yellow or greenish purulent discharge from the nose (*Ozæna*); chronic Sore Throat with dryness, and swollen tonsils; glandular enlargements. In these local affections *Calc.* probably acts chiefly by improving the constitutional condition; it is not adapted to acute manifestations of the dyscrasia. Its external use, in the form of diluted lime-water, is sometimes very serviceable in connection with the internal use of the drug.

Digestive System.—Anorexia; *chronic acid eructations,* with burning sensations in the stomach; chronic Diarrhœa, with slimy, foul-smelling stools; Diarrhœa of children during dentition, offensive motions, part being light and part dark-coloured; colliquative Diarrhœa of Consumption; chronic Constipation, with swelling of the bowels; mesenteric disease in scrofulous children.

Generative System (*Female*).—*Premature and profuse catamenia;* itching and burning Leucorrhœa; Chlorosis in girls, with tendency to Tubercle.

Skin.—Chronic Urticaria, and other chronic eruptions. Warts and Polypi, results of disordered nutrition and growth, are curable by *Calc.*

23.—Calcarea Phosphorata—*Phosphate of Lime.*

This salt is one of the most important mineral substances in the animal body, giving firmness and strength to the bony skeleton. Besides solidifying the osseous system, it furnishes nutrition for the soft tissues of the body, and its action in derangements of assimilation resembles that of *Calcarea Carbonica.*

Leading Uses.—Phosphate of lime is specially valuable in diseases of the osseous system—Rickets, Curvature of the Spine, Spina Bifida, Hip-joint Disease, Psoas Abscess, Tubercular Ulcers, chronic enlargements of the tonsils, etc.

According to Ringer, this salt will be found of very great use in the Anæmia of young, rapidly-growing persons, and women weakened by rapid child-bearing, prolonged suckling, or excessive menstruation.

In checking *Chronic tubercular* and non-tubercular *Diarrhœa,* and other profuse discharges, as in Leucorrhœa, chronic Bronchitis, and large Abscesses, it is a valuable remedy, in these states effecting both general and local improvement. Beneké greatly praises its influence on tubercular ulcers. It is also useful in caries of the bones.

Women who live in towns are apt to have a deficiency of this salt. They are improved by its administration ; an increased quantity finds its way into the milk of a suckling mother, and thus both she and her child are simultaneously benefited.

Both men and women, whose health has been broken by a town residence, or by overwork, and who, from other causes, are languid and incapable of doing much work, and whose spirits are depressed, may be very much benefited by this medicine.—See *Ringer's Handbook on Therapeutics.*

24.—Calendula Officinalis—*Marigold.*

The marigold is a native of France, but is now found in cultivated grounds in nearly all parts of Europe. The leaves and flowers are the parts used in medicine.

LEADING USES.—This remedy is used as an external application, and exerts a most favourable influence in promoting the union of wounds with the least resulting scars, and with the smallest amount of suppuration. For *Cuts*, or injuries in which *the flesh is much torn*, and which do not heal without the formation of matter, wounds penetrating the joints, etc., it is much preferable to *Arnica* in constitutions having a tendency to Erysipelas. It controls hæmorrhage (but to a less extent than *Hamamelis*), and relieves the severest pains attending various accidents. In the American Civil War, it was largely and beneficially used by our American colleagues in the treatment of injuries. It is invaluable in *Ulcers* of the lower extremities—bad legs, as they are called—such as often occur in broken-down constitutions, in the decline of life. Mr. Nankivell informs us that *Calendula* lotion—20 drops to a teacupful of water—is very useful in many chronic affections of the eyelids; he has never known it to have any repellent or inconvenient effect.

Formula.—For a *Lotion*, add a teaspoonful of the pure tincture to half or three-quarters of a tumbler of water. When hæmorrhage is considerable, the lotion should be much stronger.

25.—Camphora—*Camphor.*

The Lauras Camphora, from which *Camphor* is obtained in great abundance, is a large, handsome, evergreen tree, very common in China, Japan and other parts of Eastern Asia, where it grows to the size of our tall oak. Through all parts of it—trunk, root, and branches—Camphor is diffused, and is obtained by sublimation. The odour, appearance, and volatility of Camphor are well known.

Pathogenetic Effects.—"In doses of gr. ij.-v-x, Camphor acts as a stimulant; it increases the action of the heart and arteries, exhilarates the spirits, excites warmth of body and diaphoresis; the pulse is rendered softer and fuller. These effects are transitory, and are followed by depression. In somewhat larger doses, it allays spasm and pain, and induces sleep. In poisonous doses, it produces Vomiting, Vertigo, Delirium, and Convulsions. It acts chiefly on the nervous system; and, like Sulphur, it is excreted through the skin, and is exhaled by the lungs. . . . It exercises a powerful influence on the genito-urinary system; occasionally it causes Strangury, yet by some it has been advised to relieve the Strangury produced by Cantharides" (*Waring*).

LEADING USES.—*Asiatic Cholera ; Choleraic Diarrhœa ;* sudden and extreme prostration of the nervous system, with severe chills, chattering of the teeth, pallor of the countenance, sense of internal heat, cold sweats, cramps, purging, etc. Lassitude, depression, and frequent yawnings ; the *primary chill* of Catarrh or Influenza, in which stage only it prevents further development of disease. *Fainting-fits* from trifling causes, and *Hysteric attacks ;* in these cases *Camphor* may be administered by olfaction.

HEAD.—Cerebral congestion and irritation, amounting even to delirium ; giddiness, wakefulness, and nervous irritability. *Sunstroke* (the remedy being administered by olfaction) ; head-symptoms from the retrocession of an acute eruption, as in Measles, etc.

CHOLERA.—A saturated solution, containing equal parts by weight of *Camphor* and of spirits of wine, recommended and successfully used by Dr. Rubini in several hundred cases of Cholera, has excited much attention, and was widely used during the outbreak of Cholera in 1866. Dr. Rubini directs that four drops of the saturated tincture of *Camphor* be given *on sugar* (not in water), every five minutes, to patients seized with Cholera, or in very severe cases five to twenty drops ; and he states that ordinarily in two, three or four hours, reaction will set in. His statements and successes have been abundantly confirmed.

URINARY AND GENITAL SYSTEMS.—*Sudden Strangury* with burning and great pain ; in infants thus suffering, the remedy may be administered by olfaction for a few seconds every ten minutes. It is also sometimes useful when associated with Strangury or vesical irritability. *Camphor* removes the urinary difficulties consequent on the use of *Cantharides* (blistering fly).

ANTIDOTE.—*As an antidote* to the excess of medicinal action of small doses of a drug, *Camphor* is very useful; a few doses frequently repeated will be sufficient. The Erysipelas produced by *Arnica* is often readily cured by *Camphor lotion* (see "Arnica.").

The *evanescent action* of *Camphor* requires that it be given in oft-repeated doses; it is only adapted to sudden diseases.

Camphor has proved not less successful in the hands of some practitioners, in many cases of cholera when given in the 30th potency. But then it must be prescribed on definite corresponding symptoms, and when so prescribed, in whatever disease, *Camphor* in the potencies will be found to have a long-continued action. When prescribed on more general indications the lower potencies are better.

26.—Cannabis Sativa—*Hemp.*

LEADING USES.—Affections of the *genito-urinary* organs.

In large doses, *Hemp* causes a difficulty of urinating; paralytic weakness of the bladder; symptoms of stricture; burning and stinging before and after urination; discharges of mucus and pus; Chordee, etc. Hence it is homœopathic to the symptoms of *Gonorrhœa,* and has proved a most successful remedy in the hands of homœopathic practitioners, for that disease. In Miscarriage, Menorrhagia, and consequent conditions, it is sometimes useful; as also in some eye affections—opacity of, and specks on, the cornea, etc. The effects of *alcoholic intoxication* have also been remedied by this drug.

27.—Cantharis Vesicatoria—*Blistering Fly—Spanish Fly.*

We extract the medicinal properties of the Spanish fly by pulverization and percolation of the entire insect. The "fly blister," once so well-known in orthodox practice, is found unnecessary by homœopathic practitioners.

LEADING USES.—Inflammatory affections of the urinary organs; cutaneous diseases, with burning and vesication, and as an external application in Burns and Scalds.

URINARY ORGANS.—*Acute inflammatory affections*—simple Nephritis, Cystitis, Urethritis, Chordee, etc. Pain in the loins; scanty, high-coloured, bloody, sometimes albuminous urine; but the influence of the remedy is greater over bloody than albuminous urine. Burning and scalding pain on passing water; tenderness at the lower part of the abdomen; *Strangury*, incontinence of urine, both in the aged and in children. *Hæmaturia* and *Suppression* of urine from acute congestion. The sexual organs are probably chiefly affected through continuity of surfaces. It is sometimes useful in Dropsy following Scarlatina, and Bright's disease. In hysteric patients, with throat-affection, and partially suppressed urine, followed, in a few hours, by profuse discharge of pale urine, it acts well.

SKIN.—*Burns and scalds* with small or large *blisters*; *Vesicular* Erysipelas; carbunculous and gangrenous sores; Shingles (*Herpes Zoster*); Eczema, with much *burning*. In these affections it is well to apply a graduated *Cantharis lotion*, besides taking the remedy internally. Burning in the soles of the feet at night in hysteric patients, with profuse and pale urine.

External Use.—*Formula.*—Ten or twelve drops of the strong tincture to a small teacupful of water. If applied promptly to a burn or scald, it will often prevent blistering. *Cantharadine Pomade* is recommended for *recent baldness* and falling off of the hair after fevers and other exhausting diseases (see also *Ac.-Phos.*).

Antidote.—*Camphor lotion,* as directed for *Arnica,* will correct any unpleasant symptoms arising from the external use of *Cantharis* (five drops of *Camphor tincture* to one ounce of water). The same remedy may also be prescribed internally for unpleasant symptoms due to *Cantharis.*

28.—Carbo Vegetabilis—*Vegetable Charcoal.*

Vegetable charcoal is obtained by burning wood in covered-up heaps or in close vessels, with but a limited access of air. From pulverised charcoal we make triturations, by which the latent medicinal properties of the crude substance are developed, rendering it a therapeutic agent of great value.

Leading Uses.—*Chronic digestive derangements,* with *flatulence* and *foulness of the secretions ;* diseases marked by *loss of vitality* and *imperfect oxidization of the blood,* as in the cold stage of Intermittent fever, when the hands and feet are blue and cold ; in Enteric, Typhus, etc., with similar symptoms, and dry, foul tongue, frequent offensive Diarrhœa, and *extreme exhaustion ; cold extremities,* arising from deficient vitality in the circulation, and associated with general Adynamia.

Respiratory System.—*Chronic* catarrhal *Hoarseness ; chronic Bronchitis* in the feeble, with scarcely sufficient strength to eject the mucus, which is profuse, and often foul-smelling ; threatened Gangrene of the lungs.

DIGESTIVE SYSTEM.—Easily-bleeding gums; salivation; offensive *breath; flatulence* distending the stomach, causing oppression, palpitation, etc; *Heartburn and Acidity*, with flatulence, and Constipation or Diarrhœa. It is especially valuable in cases that suggest a poor power of resistance to Tubercle, and when *Mercury* has been abused. *Diarrhœa* with offensive motions, especially in weakly children; chronic Diarrhœa in the cachectic, with sallow face, acidity, flatulence, etc.

SKIN.—*Foul ulcers* (int. and ext. use); chronic eruptions, with itching and burning, easily bleeding; inveterate Herpes; obstinate sores following burns, with foul, ichorous discharges. *Carbon* should be sprinkled on in very fine powder.

In poisoning by Arsenic, charcoal has been found useful; it should be administered in milk or water, and taken in large quantities as quickly as possible.

Cruder forms of Charcoal (*e.g.*, charcoal biscuits) are sometimes found useful in relieving gastric symptoms due to excessive fermentation. Their action may be partly mechanical; it is more than doubtful if charcoal so administered really possesses the power imputed to it of directly absorbing gas.

29.—Caulophyllum Thalictroides—*Blue Cohosh.*

Our experience with this remedy is now somewhat considerable, chiefly in *uterine affections* and in *Rheumatism*. We attach much importance to its use in connection with *Cimicifuga* during pregnancy as a *preparation for labour*, and we have the most unqualified testimony of numerous patients, both in our practice and correspondence, to the great benefit they have derived from their administration. For this purpose it is best given in occasional doses of a high potency. As a *uterine excitant, Cauloph.* takes the place of *Ergot.*—One to three grains of 1x trit. may be given every twenty minutes, and it brings on regular contractions without the violent jerking ones of *Ergot.* In *Suppression* of the menses, and particularly in *Menstrual Colic,* it is one of the best remedies. (See also *Verat.-Vir.*)

Some forms of *headache,* with dimness of sight and pressure behind the eye, if dependent upon uterine derangements, are readily cured by *Cauloph.*

It is most valuable for Arthritis affecting the phalanges and metacarpal joints of the hand and foot, and, according to Dr. Ludlam, is more useful for these complaints when affecting females than males. Even when the Arthritis of this kind can be traced to the influence of Suppuration (as many such cases can be traced), *Caulophyllum* will help any more specific treatment (*e.g.*, vaccines) that may be adopted.

30.—Causticum—*Causticum.*

LEADING USES.—Loss of voice; relaxation of the neck of the bladder.

NERVOUS SYSTEM.—Neuralgia, or tendinous and muscular pains, with urging to urinate, and discharge of pale urine; some cases of Facial Paralysis.

RESPIRATORY SYSTEM.—*Loss of voice* from cold or over-use of the voice in speaking or singing; cough, associated with involuntary emissions of urine during the paroxysms.

DIGESTIVE SYSTEM.—*Constipation,* with solid evacuations, expelled with difficulty, and having a shiny, greasy appearance, itching of the anus, when not arising from ascarides. Hæmorrhoids when very sore.

URINARY SYSTEM.—Pain and weight in the loins, with urinary difficulties; Enuresis of children and aged persons; excessive discharges of urine during convalescence from severe disease, with sour perspirations, dejection of spirits, etc.; frequent urgings to urinate in hysteric patients.

SKIN.—In *deep burns*, with formation of scabs, it is sometimes used locally with good results.

31.—Chamomilla Matricaria—*Matricaria Chamomilla.*

This plant is indigenous to most parts of Europe, and flourishes in cornfields, waste grounds, and by the roadside, especially on chalky soils. We prepare a tincture from the plant, gathered when in bloom.

LEADING USES.—*Nervous affections* generally, of women and children; *nervous and biliary* derangements from anger or vexation; chronic Abscess. Nervousness, palpitation, etc., from the use of *coffee* or *narcotics*, are met by *Cham.* The pains are worse at night; and after they have somewhat subsided, a sense of numbness may remain in the part. Heat aggravates most symptoms. Motion relieves—" the child must be carried about."

NERVOUS SYSTEM.—Extreme sensitiveness to external impressions, without ideal confusion; Neuralgia with the same conditions; faceache, with swelling, sleeplessness, flushes of heat, and palpitation, with bilious symptoms; Spasms and Convulsions of women and children; restlessness, fretfulness, or Convulsions during dentition, with sour breath; Spasms and Convulsions during pregnancy.

HEAD, EARS, FACE, ETC.—*Bilious Headache*, with stupefying oppressive pain, stitching and burning distress; nervous headache (on one side), with throbbing flushes of heat, sensitiveness, and irritability of disposition; facial Neuralgia with irritable mood. *Earache*, and cracks and soreness of the lips, in infants, from cold.

RESPIRATORY SYSTEM.—Spasmodic cough, with tightness in the chest; Catarrh of infants; Hoarseness and cough (nervous) in women and children.

DIGESTIVE SYSTEM.—*Toothache* from Indigestion, worse soon after eating, and by drinking warm fluids; Toothache with swelling, and pain as if the nerve were scraped. Tongue thickly coated with a yellowish-white fur, and red at the edges; sour breath of children, with pinching pains in the abdomen, greenish motions, and flushed cheek; *Diarrhœa*, and many other *affections during dentition*; Dyspepsia, with pressure at the stomach, sudden stitches, sallow complexion, and yellow tongue; aching pain and sourness in the stomach after food, with irritability and greenish motions; nausea or vomiting of bile; Colic, with extreme soreness of bowels; affections of the liver from anger, etc.; Bilious attack, with heat in the face, thirst, anxiety, and restlessness.

GENERATIVE SYSTEM.—Profuse menstrual discharge, dark or blackish, and coagulated,—with griping or labour-like pains, sickness, frequent urging to urinate, and nervous irritability; pains in the veins of the legs, cramps or painful twitches of the legs of pregnant women, with nervousness; false labour pains, uterine disturbance from excitement.

SKIN.—*Rash in children*, alternating with Diarrhœa; eruptions generally in infants during dentition;

Ulcers, with burning pains, and great sensitiveness; Ulcers with biliousness, sallow complexion, etc.; in these cases *Cham.* may be used both internally and externally.

32.—China—Cinchona Officinalis—*Peruvian Bark.*

The Cinchona-tree, a native of Peru and the adjacent provinces of South America, is one of great beauty, with evergreen laurel-like leaves, which diffuse a delicious fragrance around. It is not found at an elevation of less than 2,500 feet above the sea, and sometimes extends as far up as from 9,000 to nearly 12,000 feet.

Triturations and solutions are made from the sulphate of the alkaloid Quinine, and also tinctures from the bark, but the range of the tincture and potencies of *Cinchona* is greater than that of Quinine, and except in simple intermittent fever—it is preferable to use the former.

LEADING USES.—*Debility from loss of body fluids*—Hæmorrhage, Diarrhœa, Spermatorrhœa, profuse sweating, expectoration, suppuration, excessive lactation, etc. *Simple Intermittent Fever; simple Remittent Fever,* with prostration, and variable *Hectic Fever,* from Abscesses or prolonged suppuration in any part; *periodically recurring Neuralgias,* and other affections marked by *periodicity;* sensitiveness of the nervous system to physical impressions; *Anasarca* when associated with Ague or disease of the spleen; *sweating,* in cases of extreme debility, especially after severe fevers, the patient waking up every morning with his linen soaked. Disturbing dreams, causing anxiety and starting, the anxiety or confusion remaining some time after waking. *Irritation of the spine,* and spinal pain, with imperfect circulation, shown by blueness of the nails, coldness of the extremities, with numbness, etc., are well met by *China*. Debility, however, is little benefited by *China* so long as its cause remains in operation.

NERVOUS SYSTEM.—*Intermittent Neuralgia*; *Vertigo* with dimness of sight, humming in the ears, and flushed face, succeeded by depression, yawning, etc.; tremblings, from debility caused by excessive mental labour.

HEADS, EARS, ETC.—*Periodical* neuralgic and congestive headache and faceache; headache, with a sense of *constriction* over the top of the head, and buzzing, singing, humming, or roaring noises; weight, fulness, and tension in the head, flushing of the face, etc. *Brow-ague* (malarial); nervous *Deafness* with noises in the ears.

DIGESTIVE SYSTEM.—*Diarrhœa* (chronic), or Diarrhœa occurring early in the morning or after a meal, without pain; simple summer Diarrhœa with severe griping, or absence of pain; passage of undigested food; periodic (malarial) *Dysentery*— with cold extremities, feeble pulse, etc.; sinking at *the stomach*, relieved by eating, but soon recurring; sensation of emptiness with or without hunger; *Jaundice*, in feeble persons, with sallow, dirty-yellow complexions, stitches in the liver, slimy-bilious taste, and loss of appetite; drowsiness and oppression after eating, and qualmishness in the stomach; congestion and enlargement of the spleen: ascarides in tubercular children liable to Diarrhœa, with large abdomens.

URINARY SYSTEM.—Scanty and turbid urine, with whitish or brick-dust sediment; periodic paroxysms of *Hæmaturia*.

GENERATIVE SYSTEM.—Nocturnal Emissions and Spermatorrhœa, with debility, depression of spirits, Indigestion. Menstruation continuing too long, or being *profuse,* with large, dark clots ; *irregular* menses, irregularity of labour pains ; debility from excessive menstruation, Leucorrhœa, or lactation.

SKIN.—Unhealthy *Ulcers* in cachectic patients of a sallow appearance, with cold and dry or clammy skin ; Dropsy ; moist Gangrene.

ANTIDOTES.—The ill effects resulting from the too free use of *Bark* or *Quinine* are best met by *Nat.-Mur.*, *Ars.*, *Ferr.*, *Verat.*, *Bell.*, or *Ipec.*, according to the accompanying symptoms.

33.—Cimicifuga Racemosa—Actæa Racemosa—*Black Cohosh—Squaw-root.*

This plant grows abundantly in shady and rocky woods, on rich grounds, from Maine to Michigan, and in some other parts of America.

In common with most English homœopathic physicians, we have derived our knowledge of this drug chiefly from Dr. Hale's admirable work on the "New Remedies." We have used it largely for many years, and can abundantly confirm the greater part of Dr. Hale's recommendations.

LEADING USES.—The provings of this plant are somewhat full, and point to an extended range of action. Its special sphere of action is in *nervous, uterine, Rheumatic,* and *muscular* affections. The *left* side of the body is chiefly involved. It will be found that those maladies which can be traced to, or are associated with, the generative organs, or Rheumatism, are most amenable to its action.

NERVOUS SYSTEM.—Restlessness; nervous tremors; apprehensive "nervousness"; nervous weakness and prostration; excitement, followed by irritation, and exhaustion. Facial Neuralgia; *pains in the left side under the breast,* in the back and lumbar region, *Chorea,* especially when associated with deranged menstruation. Depression of spirits, from over-nursing, or uterine disorder. Weariness, sense of confusion, and heaviness, and dulness from mental labour or want of sleep. *Spinal* irritation, from rheumatic or uterine causes.

HEAD.—*Rheumatic, nervous,* and *menstrual* headaches —severe *aching pain in the eye-balls,* and over the eyes, increased by movement of the head or eyes; dull pain in the occipital regions, *from within outwards,* with shooting pains down the back of the neck; fulness, heat, and throbbing in the head, and feeling on going upstairs as if the top of the head would fly off; Neuralgia in the forehead and eye-balls. Throbbing, aching pain in the top and back of the head, from the shoulders down the spine, with strange, wild appearance, dilated pupils, Delirium, tremors, illusions of vision,—rats, mice, insects, etc.—dull aching in the eye-balls, sense of soreness in the eyes, black specks, Diplopia, roaring in the head, etc.; *Hysteria,* with similar pains, sensations, and illusions. *Cimicifuga* is well adapted to the nervous "sick-headaches," and headaches generally, of delicate, nervous, and hysteric females, especially if connected with menstruation, pregnancy, or the critical age; also to the headaches of hard students, and the cerebral confusion and distress of drunkards after alcoholic indulgence. In these conditions the absence of gastric disturbance is a further indication for this remedy.

CIRCULATORY SYSTEM.—Recent affections of the heart following, or due to, Rheumatism, with *irregular pulse*, palpitation, pains, etc. ; paroxysms of pain and distress—the heart's action seeming to cease suddenly with a feeling as of impending suffocation—similar to those of Angina Pectoris, chiefly felt after lying down at night, especially from rheumatic or uterine irritation ; pain or anxiety about the heart, down the left arm to the hand, with palpitation, numbness of the left arm and exhaustion. Pain in the left side, or under the left breast (see " Nervous System ").

RESPIRATORY SYSTEM.—It is not usually indicated in the more obvious diseases of the lungs, but it is of value in certain disorders of the respiratory system. nervous cough, and dryness of the throat, or sense as of a dry spot in the larynx, inducing cough in girls and women, from uterine disorder, pregnancy, Hysteria, etc. ; spasmodic action of the larynx in hysteric patients with hoarseness, the sense of fulness or choking. Pleurodynia or *stitch-in-the-side*, worse on exertion, and when taking a full breath. Catarrhs of women and children, with acute pains in the limbs, aching in the eye-balls, watery Coryza, head-, face-, and toothache, dry, tickling Cough, worse at night.

DIGESTIVE SYSTEM.—The *vomiting* and *sinking at the stomach*, caused by *Cimicifuga*, are not gastric, but associated with brain or uterine disturbance. Primary dyspeptic complaints are not within its sphere.

URINARY SYSTEM.—Pale, profuse urine, from nervous depression, as in Hysteria, uterine ailments, pregnancy, etc.

GENERATIVE SYSTEM (*Female*). — *Amenorrhœa* — especially associated with Chorea, Hysteria, or headache ; or with intense headache, pain in the eye-balls, back, and limbs ; uterine cramps, etc.

Delayed menstruation—with heavy headache, palpitation, and melancholy. *Dysmenorrhœa* with severe headache before menstruation, and, during the discharge, aching in the limbs, pain in the back, ovarian region, hips, and thighs, with pressing-down, labour-like pains in the abdomen, tenderness in the hypogastrium, and depression, nervousness, etc., the discharge being dark and coagulated ; after the menses, the patient feels weak, and has neuralgic pains, with lowness of spirits. *Menorrhagia—from atony of the uterus*—with dark, coagulated discharge. *Leucorrhœa*, also associated with uterine weakness. *Abortion and miscarriage*, even when habitual, is sometimes under the control of *Cimicifuga*, if administered early in threatened abortion. or for some time before the usual period of miscarriage, when the general symptoms correspond. *Disorders of Pregnancy*, nervousness, depression, sleeplessness, sickness with uterine disturbance, cramps and other neuralgic or muscular pains. *Sinking at the stomach*, occurring at the climacteric, or in connection with other uterine troubles; chilliness, frontal headache, aching in the eye-balls, and limbs, dejection. *Intermittent labour-pains*, and other difficulties attending labour ; it acts best as a *preventive* of these, administered for several weeks or months before labour. *After-pains*, with nervous irritability, sleeplessness, and melancholy, especially when arising from exhaustion of the uterus after prolonged or frequent labours ; *Prolapsus uteri* from the same causes. *Suppressed lochia*, with uterine spasms, Cramps in the limbs, headache, and even Delirium ; *Puerperal Mania*—great despondency, etc., especially in rheumatic patients.

ORGANS OF LOCOMOTION.—*Stiff-neck, wry-neck, crick-in-the-back*, and *Lumbago*, of rheumatic origin ; the

Lumbago is worse when the patient is standing or sitting still, and in cold and stormy weather, but better when lying down; *stitches in the side;* Sciatica; articular Rheumatism of the lower extremities, with heat and swelling, Muscular cramps and pains from Rheumatism.

SKIN.—Urticaria and other irritations of the skin, especially when associated with pelvic disease.

34.—Cina Anthelmintica—*Worm-Seed.*

This plant is a hardy perennial shrub of Asia Minor. We make a tincture or trituration from the seed.

LEADING USES.—Intestinal worms, and worm-symptoms.

NERVOUS SYSTEM.—Grinding of the teeth; starting, restless sleep; twitching of the eyelids; twitchings in various parts of the body; Convulsions; Epileptic Spasms.

EYES, NOSE, ETC.—Dilated pupils, with dimness of sight; some amaurotic conditions, with illusions of colour; *picking and itching of the nose.*

CIRCULATORY SYSTEM—Pale face; semi-circles under the eyes; frequent feverishness.

RESPIRATORY SYSTEM.—Whooping-cough associated with worms; spasmodic cough, sometimes inducing vomiting.

DIGESTIVE SYSTEM.—Voracious or variable appetite; pinching pains in the abdomen; itching of the anus; Diarrhœa; Emaciation; large abdomen; pain below the stomach, worse on first waking in the morning and before meals, and relieved by eating.

URINARY SYSTEM.—Wetting the bed; white thick urine.

Since *worms* in the intestinal canal usually give rise to one or more of the foregoing symptoms, it is clear that *Cina* is homœopathic to ***helminthiasis*** with similar symptoms; hence it is found curative in nearly all affections arising from, or coincident with, the existence of worms; it does not simply expel them, but corrects the condition on which the development of the parasites depends. *Whenever the above symptoms occur,* whether worms are detected or not, *Cina* is indicated. Nevertheless, although the alkaloid of *Cina,* Santonin, is of definite value as a direct parasiticide, *Cina* in the potencies is often disappointing and more help will frequently be obtained from *Spigelia* or *Teucrium.*

35.—Cocculus Indicus—*Indian Berries.*

Although poisonous, this drug is used in considerable quantities for imparting an intoxicating property to malt liquors: by two writers "On Brewing" (Childe and Maurice), it is openly recommended. It is also used to poison fish and game. We make a brownish straw-coloured tincture from the seeds.

Leading Uses.—Disease of the nervous system involving chiefly the motor system.

Nervous Symptoms.—*Hemiplegia,* with painful stiffness and creaking of the joints; *paralytic rigidity* of the lower extremities; Paralysis following Diphtheria; *confused* heavy sensation in the head, with *giddiness,* especially after eating or drinking.

Digestive System.—*Giddiness,* with hot flushed face, *Sick-headache* (not gastric), like that occurring in sensitive persons from riding in a carriage, etc.; Spasms in the abdomen, of a nervous origin, especially after eating; *Sea-sickness.*

Generative System.—*Menstrual Colic,* with dull, headache, giddiness, and sickness; disordered digestion flatulent colic during pregnancy or menstruation, with *nervous* symptoms; mucous and purulent Leucorrhœa, with great soreness, and flatulent distension of the bowels.

ANTIDOTE.—*Camphor*, in a strong form, frequently administered, antidotes the effects of large medicinal doses.

36.—Coffea Cruda—*Raw Coffee.*

We make a tincture from the berries of the *Coffee-shrub* indigenous to the elevated regions of Arabia Felix.

LEADING USES.—"*Excitation* of all the organic functions; increased *irritability of the organs of sense*—sight more acute, hearing more sensitive, taste finer, and sensorium more vivid; mobility of the muscles is increased, sexual desire is more excited, and even the nervous activity of the digestive and secretive organs is increased; hence a *morbid sensation* of excessive *hunger*, increased desire and facility of the alvine evacuations and of the emissions of urine" (see *Stapf*). In the sleeplessness, restlessness, and nervous disorders of children and females, it is a sovereign remedy, second only to *Chamomilla.*

NERVOUS SYSTEM.—*Increased susceptibility to pain; sleeplessness*, either from simple nervous wakefulness, or from agitation of mind or body, extreme anxiety, or mental labour; the *wakefulness of children and old people* is especially under its control. In the 3rd to 6th dilution, it is often most effectual in producing calm sleep.

HEAD.—*Headache* and *Hemicrania* commencing in the morning, with *excessive sensitiveness*, chilliness. nausea, and feeling as if a nail were driven into the parietal bone; *Neuralgia* of the right side of the head and face.

Circulatory System.—Nervous *Palpitation,* with irregular, intermittent pulse; oppression of the chest, as during an attack of Asthma.

Digestive System.—Toothache, with great restlessness, flushed face relieved by cold water, and sometimes recurring every night; Pyrosis.

Urinary and Generative System.—Difficulty in passing urine; Strangury. Extreme sensitiveness and pain during menstruation and labour; irregular, spasmodic labour pains, with irritability; Hysteria, with alternate fits of liveliness and depression; flushes of heat, etc.

A spoonful or two of a strong decoction of coffee will often immediately relieve *an acute Indigestion from over-eating,* especially when the stomach remains inactive and the food causes a painful sense of distension or cramp.

Coffee is also useful as *an antidote* to over-doses of *Opium, Aconite, Belladonna,* and many other vegetable poisons; for this purpose it may be given in frequently-repeated doses of a strong infusion. Strong Coffee helps to keep awake persons poisoned with *Opium.*

As a *beverage, Coffee* should not be used more than once a day. In some, it occasions Palpitation of the heart, sleeplessness, mental excitement, and Indigestion and by such should not be taken as a beverage at all.

37.—**Colchicum Autumnale**—*Meadow Saffron.*

Leading Uses.—*Gout and gouty affections,* characterized by paroxysms of acute tearing or lacerating pains, with irritated pulse; the rose-colour of the skin of the affected part becomes white on pressure ; Nodosites ; *inflammatory irritation* of the stomach, bowels, heart, or urinary organs of *gouty persons ;* Asthma, Palpitation, and tearing pains in the heart, cutting pains in the bowels, etc., alternating with paroxysms of Gout ; swelling, pain, heat, redness, and lameness in the extremities ; *neuralgic pains*—tearing or lacerating—in the chest, abdomen, bowels, or anus, in persons having an arthritic diathesis ; there may also be general debility, Dropsy, heat and dryness, or perspiration.

Colchicum, in drop-doses of the strong tincture, is one of the best remedies for preventing an immediately-threatened, or arresting a recently-developed *attack* of Gout. When there is circulatory excitement *Acon.* is often indicated at the beginning.

38.—Collinsonia Canadensis—*Stone-root.*

This plant is indigenous to the Northern American states, and is one of the " New American Remedies."

LEADING USES.—*Affections of the rectum.*—Constipation and Piles—from congestion. It is also of service in some Rheumatic and cardiac affections. The Indians use it for the healing of sores and wounds ; it is also used domestically in America as a poultice and wash, much as we use *Arnica.*

DIGESTIVE SYSTEM.—Blind or bleeding *Piles and Constipation ;* Indigestion from loss of tone in the stomach. with flatulence, Colic, and Spasms in the bowels ; throbbing headache with fulness in the head, and many other disorders from constipation or Hæmorrhoids ; much straining and dull pain at stool ; heat *and itching of the anus ;* " hæmorrhoidal Dysentery ; " Diarrhœa of children, and *Cholera Infantum,* with Colic, Spasms, flatulence, and mucous, papescent, or watery discharges

GENERATIVE SYSTEM (*Female*). — *Dysmenorrhœa, Menorrhagia, Prolapsus Uteri*, and *Leucorrhœa*, when associated with hæmorrhoidal troubles; *Pruritus Vulvæ, Constipation*, or *Piles*, from Pelvic congestion, or *during pregnancy*. With the various affections there is considerable concurrent exhaustion; and most of the uterine troubles for which *Collinsonia* is curative are dependent upon diseases of the rectum or bowels.

39.—Colocynthis—*Bitter Cucumber.*

This plant is a native of Turkey, Egypt, etc. It has been used in medicine from a remote period, and is supposed to be the *wild gourd* of Scripture. The pulpy or medullary matter surrounding the seeds yields the medicinal product, from which we make a straw-coloured tincture, or a trituration.

LEADING USES.—*Colic with Diarrhœa; Neuralgia. Pain* is its most essential indication.

NERVOUS SYSTEM.—*Neuralgic Hemicrania*, with sensation as if the head were in a vice, and pressive or burning, cutting pain in the eye-ball; violent stitches in the forehead and eyes, from within outwards: *Facial Neuralgia*, chiefly on the left side, with *Headache and Toothache*—the pains being tearing, stitching aggravated by warmth and motion, and occurring periodically. *Sciatica*—the pain being lancinating, and darting down the leg from the hip to the foot, worse when raising the limb, but better with continued exercise; and especially when Diarrhœa and colicky pain also exist.

DIGESTIVE SYSTEM, ETC.—Severe griping, or *cutting-pains* as from knives, in the abdomen and about the navel, increased by food, with irritability of the bowels, followed by copious Diarrhœa, with *straining*, the Diarrhœa affording relief ; but the symptoms may speedily recur ; dysenteric Diarrhœa, the evacuations consisting mainly of blood, with severe colic ; colicky and stitching pains in the ovaries and liver.

40.—Conium Maculatum—*Spotted Hemlock.*

Spotted Hemlock grows abundantly along hedges and in waste places. When very young it bears, like fool's parsley, a resemblance to common parsley, and has been mistaken for the latter, and eaten, sometimes with fatal effects.

LEADING USES.—Paralytic, cancerous and tubercular diseases, affecting old persons, females especially.

NERVOUS SYSTEM.—Paraplegia, commencing in the feet, and gradually extending upwards ; Paralysis following Apoplexy.

EYES, ETC.—Inflammation of the eyelids, with suppuration, ulceration, excessive sensitiveness to light, and violent burning and itching in tubercular patients ; Photophobia and discharge of scalding tears without inflammation ; Presbyopia, especially the far-sightedness of old persons when it comes on prematurely ; Ozæna. *Respiratory System.*—Dry, hacking *cough*, with constant irritation, *scraping in the larynx*, worse on lying down at night, worse after talking, and especially after laughing. *Generative System.* — Tumours (even cancerous) of the mammary and other glands, especially when following injury ; Atrophy of the breasts and testicles ; Amenorrhœa ; ovarian depression ; swelling of the testes from a blow ; Impotence and Sterility. *Skin.*—Scaly and tubercular eruptions.

41.—Croton Tiglium—*Croton-oil.*

We express the oil from the seeds of *Croton Tiglium* growing in Hindostan, Ceylon, and other parts of Asia.

In the old-school Materia Medica, *Croton* is chiefly used as a purgative, and, externally, diluted with olive-oil or soap-liniment, as a counter-irritant.

Leading Uses.—*Choleraic Diarrhœa,* and Cutaneous diseases, resembling those which it produces when employed according to the allopathic fashion. It is especially valuable in *Eczema,* in which disease we have in numerous instances proved it to be a most reliable remedy. See also the Section on *Eczema.*

42.—Cuprum Metallicum—*Metallic Copper.*

When combined with acids, this metal is a violent irritant poison. Even food cooked in untinned copper vessels, by dissolving a portion of the metal, becomes highly poisonous. For Homœopathic uses it is prepared in the first instance as a trituration; the acetate and sulphate are also used.

Leading Uses.—Derangements of the nervous system, characterized by *Cramps, Convulsive Movements* and *Spasms.*

Nervous System.—*Chorea,* especially of the upper extremities or of one side of the body, with neuralgic pains previous to or during the attack, and followed by paralysis of the affected parts; *Epilepsy* characterized by the violence of the Convulsions, and, usually, paleness of the face, vertigo, Headache, and muscular tremors; * Melancholy, debility, very slow pulse, angour, loathing of food, sallow complexion, and emaciation from nervous affections; Hysteria; Angina Pectoris; etc.

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* An account of several cases of epilepsy successfully treated with *Cuprum* will be found in the *Homœopathic World* for 1911.

Respiratory System.—*Spasmodic* Asthma, Croup, and Whooping-Cough.

Digestive System.—Chronic Vomiting and Diarrhœa; the *cramps* and *vomiting* of *choleraic Diarrhœa* and *Asiatic Cholera;* some forms of *Enteralgia,* Gastritis, and Dysphagia.

Cuprum Aceticum is also used by homœopaths; but there is no difference in the sphere of action of the two preparations; the acetate has a more prompt action than the pure metal.

43.—Digitalis Purpurea—*Purple Foxglove.*

For homœopathic purposes a tincture is generally prepared from the fresh leaves, but a recent watery nfusion is preferable, as alcohol partly neutralizes *Digitalis.*

Leading Uses.—Disease of the *heart,* with dizziness, tendency to faint, shortness of breath on exercise, Palpitation, slow, *irregular, and intermittent pulse,* or *quickened and feeble* action of the heart; frontal Headache, with heaviness and throbbing, dimness of sight, sparks and colours before the eyes, and buzzing in the ears, also nausea and Vomiting, associated with heart-disease. *Dropsy* from Hypertrophy, Dilation, and enfeeblement of the heart; Dropsy of the kidneys and Suppression of urine; *Cyanosis, Ascites,* and even *Anasarca,* depending upon, or associated with, vascular derangements—heart-disease, menstrual irregularities, etc.; white or ash-coloured stools, either dry or papescent, with white-coated tongue.

44.—Drosera Rotundifolia—*Round-leaved Sundew.*

This plant is indigenous to elevated situations i Great Britain, and flourishes in mossy, turfy bog We prepare a tincture from the whole plant.

Leading Uses.—*Spasmodic Cough; Whooping Coug* (the *best* remedy after *Acon.* and *Bell.* in uncomplicate cases); *Phthisis Pulmonalis,* with *spasmodic Coug* profuse expectoration, Hæmoptysis, and gastric irrit tion, the cough inducing vomiting; Cough, generall of a *spasmodic* character, coming on suddenly, wit retching or vomiting; nervous and sympathetic Coug The patient presses his hand on the side of the chest t support the chest wall on account of the pain. Thes uses accord with the pathological effects of the dru which causes in the healthy a Cough with *tickling i the larynx,* and Vomiting of food.

45.—Dulcamara—*Bitter-sweet—Woody Nightshade.*

It has acquired its name from *dulcis* (sweet), an *amarus* (bitter), owing to the transition of tastes whic it yields. We employ the young branches and leav of the plant when it commences flowering.

Leading Uses.—Various affections resulting fro *damp, or a thorough wetting,* such as cold in the hea short hacking Cough, difficult expulsion of phleg nausea, *Diarrhœa,* Catarrh of the bladder, itching a stinging *eruptions,* glandular enlargements about t neck, mild *Rheumatism,* with pains worse during res and relieved by movement, and other conditions follo ing a *cold.* If taken *immediately* after exposure damp or wet, *Dulc.* will often prevent the effects of cold.

46.—Euphrasia Officinalis—*Common Eye-bright.*

The names given to this pretty unassuming plant in different countries, and during several centuries—"eye-bright," "eye-comfort," "spectacle-breaker," etc.—all indicate its specific uses in restoring and strengthening the vision.

Leading Uses.—*Simple or Catarrhal Conjunctivitis,* with *abundant watery secretion,* sensitiveness to light, and irritation of the frontal sinuses and of the lining of the nose, with sneezing, and copious acrid watery discharge; *Hay-fever;* smarting or stinging in the eyes, the effects of light, or of cold air: Catarrhal Inflammation in the first stage of Measles; simple *Acute Inflammation* of the eyes; chronic sore eyes; *Amaurotic* conditions from suppressed Nasal Catarrh; Tubercular Opthalmia (with *Sulph.*); specks on the Cornea. The remedy may also be applied topically as a lotion—ten to twelve drops in a wineglassful of water.

47.—Ferrum—*Iron.*

Iron is distinguishable in the residue of the combustion of many plants, and it forms an important constituent of the blood and other parts of the animal organism. In homœopathic practice we use either the filings of pure metallic iron, prepared by trituration, or the Acetate of Iron—*Ferrum Aceticum*—which is a convenient solution. Other supplementary preparations are also used—*F. Iodidum, F. Muriaticum, F. Redactum,* etc. The oxalate of Iron, suggested by Dr. Galley Blackley, is often of great value.

Pathogenetic Effects.—The first effect of iron may be to cause an apparent stimulation of the vital unctions, but the physical condition of those who live near iron springs proves that ultimately iron possesses debilitating properties. We find these people suffering from chronic diseases more than almost any other class of men, even when their mode of life is otherwise unexceptionable. A general or partial Debility bordering upon Paralysis, certain violent pains in the extremities, various affections of the abdominal viscera, Vomiting of food day and night. Pulmonary Phthisis, Cough, with Hæmorrhage, want of animal heat, Menstrual suppression, Miscarriage, Impotence, Sterility, Jaundice, and other symptoms of Cachexia, prevail among them (see *Hempel*).

LEADING USES.—*Anæmia, Chlorosis,* and associated ailments.

Nervous System.—Neuralgia; Chorea; Hysteria with Anæmia or uterine obstructions. *Circulatory System.*—Congestive Headache; languor; Dropsy cold hands and feet; Chilblains and Sores in leucophlegmatic constitutions. *Respiratory System.*—Phthisis: Hæmoptysis, with a tickling cough. *Digestive System.*—Loss of appetite, coated tongue (white or yellow), oppression and fulness of the stomach and bowels after eating, frequent Vomiting of food, Constipation with ineffectual urging, or chronic Diarrhœa with slimy, even bloody stools, and straining; colliquative Diarrhœa; Lienteria; Ascarides; Prolapsus Rect in anæmic Children; *Genito-Urinary System.*—Catarrh of the bladder; involuntary urination of children during the day; Impotence; Sterility; Spermatorrhœa Amenorrhœa with Anæmia; Leucorrhœa.

48.—**Ferrum Phosphoricum**—*Phosphate of Iron.*

LEADING USES.—*Ferr. Phos.* is valuable in th debility of children with failing appetite, and whe from being sprightly, buoyant, and gay, they become dull, languid, and listless, refusing to join in out-door amusements that were previously much enjoyed. There is some pain in the forehead or stomach, a tendency to Constipation, and slightly furred tongue, but no evidence of worms, or any apparent disease. Although the flesh remains firm, there is loss of weight and strength. In this detail (abridged) there is drawn a picture of symptoms infallibly to be met by *the Phosphate of Iron* (*Dr. Cooper*). Phosphate of Iron not only improves the strength, but helps to increase the bodily development in a manner that no other remedy does, and if the bowels are confined, it brings them into proper order. This preparation of iron is valuable in *diurnal Enuresis* depending on irritation of the neck of the bladder, which is relieved when the pressure of the urine is taken off by recumbency.

49.—Gelseminum Sempervirens—*Yellow Jessamine—Woodbine.*

"This is one of the most beautiful climbing plants of the Southern States (America), ascending lofty trees and forming festoons from one tree to another, and, in its flowering season in the early spring, scenting the atmosphere with its delicious odour. On account of its gorgeous yellow flowers, and the rich perfume which they impart, as well as the deep shade it affords, it is extensively cultivated in the gardens of the South as an ornamental vine" (*Hale*). We make a tincture from the root.

General Uses.—Affection of the *nervous* and *muscular* systems. Its action seems to come between that of *Acon.* and *Bell.*; and in some respects it is very similar to *Chloroform.* It is useful in acute pain in the muscles, as from long-continued exertion ; the head-symptoms arising from heart-disease ; cerebro-spinal Meningitis ; *Scarlatina Simplex,* especially in children, with great restlessness, tendency to remittency, and when *Acon.* and *Bell.* fail to bring out the eruption fully and bright ; simple fevers of women and children when *Acon.* is not sufficient, or when there is a condition of the brain beyond the reach of *Acon.*, yet not demanding *Bell. ; Infantile Remittent Fever,* and other Fevers having a *remittent* character, the evening exacerbations passing off without perspiration, and without dyspeptic symptoms ; Measles in the early stage, with chilliness, thin, watery discharge from the nose, Hoarseness, etc. ; tendency to Convulsions in children about the time of the eruption in Fevers ; feverish conditions with great restlessness, and it is of the very greatest value in Influenza, especially when the catarrh and headache are prominent symptoms.

NERVOUS SYSTEM.—Nervous rigors with chattering of the teeth, and shivering, *without chilliness,* from fright, mental emotion, or Hysteria ; Neuralgia, with nervous twitchings ; feelings of lightness in the body ; aches and pains in the back, shoulders, neck, etc., from spinal Congestion or irritation ; excessive irritability ; causeless nervous excitement of hysteric patients ; semi-stupour, languor, and prostration from night-watching, etc. ; sleeplessness and mental apathy of drunkards ; hysterical insensibility and spasm ; Catalepsy ; Spasm of the glottis ; *Spasmodic Croup* when *Acon.* fails, or the brain is involved ; Coma, and Apoplexy from intense passive Congestion ; sleeplessness from mental excitement ; drowsiness in hot weather, when not arising from deranged stomach or liver. In large doses, *Gels.* so paralyzes the muscular system, that while the patient is fully conscious he lies utterly powerless to open his eyes or his mouth; hence it is very useful in some local Paralyses, and notably in post-diphtheritic paralyses.

HEAD.—Passive, venous Cerebral Congestion, with dull Headache and Vertigo; Hemicrania—dim sight, double vision—and great sensitiveness to all sounds; nervous headache—the pain commencing in the neck and spreading thence over the whole head; sudden Headache, with dizziness, heaviness, dulness and a state of semi-stupor; Sunstroke with similar symptoms; Brain fever, when *Acon.* fails.

EYES, ETC.—Heaviness of the eyelids; *Ptosis*, caused by congestion of the brain; weakness of sight from over-exertion, with *dimness, dryness, and double vision;* heaviness in the head; paralytic Squinting; Amaurosis, from Congestion of the brain, with dilated pupils, or from worms, or from overdoses of *Quinine*, with black spots before the eyes; "thirst for light." Roaring in the ears, with sudden deafness.

CIRCULATORY SYSTEM.—Excessive action of the heart from functional causes, and Palpitation, with heavy throbbing; affections of the head and eyes from heart-disease.

RESPIRATORY SYSTEM.—Nasal Catarrh—discharge of watery fluid from the nose, with Hoarseness, Cough, soreness in the throat and chest; Spasm of the glottis, and Spasmodic Croup; spasmodic affections of the throat, as in hysteria; Paralysis of the glottis and other organs of the voice, whether or not after Diphtheria; Aphonia following Catarrh; affections "from relaxation from the return of hot weather after winter;" acute Bronchitis and Pneumonia in the first stage, when there is not the excitement calling for *Acon.*

DIGESTIVE SYSTEM.—"Painful dentition, with sudden loud outcries, pulsating fontanelles, and feverishness"; Sore throat, with pain shooting up to the ears, and Deafness; Cramps and spasmodic conditions of the stomach; Congestion of the stomach—sense of a heavy load, with tension and dull pain; emptiness, "goneness," or false hunger—a gnawing sensation. Diarrhœa, with bilious, papescent stools, much flatulence, and excess of nervous prostration; Dysentery, with inflammatory symptoms, from passive congestion of the liver, inducing languor, drowsiness, dulness, or depression, Headache, dimness of sight, etc.; Jaundice.

URINARY SYSTEM.—Enuresis in children and old persons, from Paralysis of the sphincter; Spasm of the bladder; Spasm of the ureter from the passage of a Calculus.

GENERATIVE SYSTEM.—Involuntary emissions *without* erection; flaccidity and coldness of the genitals; Gonorrhœa; Seminal weakness from emotional, or local congestive, causes; some cases of Spermatorrhœa and Spinal exhaustion, from Self-abuse. Congestive Amenorrhœa from cold; neuralgia or spasmodic Dysmenorrhœa; false pains, and after-pains; simple Menorrhagia, without other symptoms; spasmodic Gastrodynia of pregnant women; *rigidity of the os uteri*;* puerperal Convulsions.

SKIN.—Simple Erythema and Erysipelas, with sligh Fever; evanescent eruptions resembling Measles.

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* Dr. J. S. Douglas, of Milwaukee, has communicated to th author some striking cases of the relaxing effects of *Gels.* in rigid an unyielding *os uteri* in labour, as also in *uterine Congestion* and *Puerpera Mania.* He has had ten years' experience in the use of this remedy i such cases, and states that it never disappoints him, especially in it relaxing influence on the *os uteri.*

50.—Glonoine—*Nitro-Glycerine.*

This is a preparation of Glycerine and Nitric Acid. Its explosive properties and commercial uses are well known. In the human body it acts as quickly as Prussic Acid.

LEADING USES.—*Glon.* mainly affects the brain and cerebral circulation.

The following are the prominent symptoms: *Congestive Headache, fulness, tightness,* and *Vertigo: Sunstroke,* with sudden falling down, violent dizziness and distress; effects following sunstroke; congestive Headache at the climacteric period, and in Amenorrhœa from suppression; neuralgia and Puerperal Convulsions, with violent cerebral congestion; *nervous palpitations* as from fright, Hysteria, etc.; *rush of blood,* with throbbing in the arteries of the neck, quickened pulse, etc. Bursting, throbbing pains, and sensations are a leading indication for its use.

51.—Graphites—*Black-lead—Plumbago.*

Triturations of this substance are used for the lower potencies.

LEADING USES.—Unhealthy condition of the *skin*—chronic eruptions, Ulcers, and Erysipelas; cracks, and excoriations; tetter. *Constipation,* with large and knotty stools, co-existing with a dry, harsh skin; delayed and scanty menses, especially with unhealthy states of the skin, and Constipation; swelling and indurations of the testicles, etc.

52.—Hamamelis Virginica—*Witch-hazel.*

This is an American plant, and we make a tincture from the bark and leaves.

LEADING USES.—*Varicose Veins, Phlebitis,* and *Hæmorrhage.*

HEAD.—Headache, fulness, dull pain, and crowding pressure in the forehead and between the eyes, from venous Congestion, especially when leading to Epistaxis; bloodshot eyes from Whooping-cough. We have repeatedly found it of special value in Epistaxis.

CIRCULATORY SYSTEM.—Varicose veins, not ulcerated (internal and external use); varicose condition of the throat, the veins looking blue, with uneasy sensation in the parts, pain, and hawking up of mucus and blood; *Inflammation of the veins,* especially if associated with a varicose condition. Distended veins, associated with Arthritis. It has a distinct relation to the coats of the veins.

DIGESTIVE SYSTEM.—Painful and *bleeding Hæmorrhoids,* with sensation as if the back would break off, for which it is a prime remedy; it should be used externally as well as internally; intestinal Hæmorrhage; Dysentery, when the quantity of dark blood is a more prominent symptom than the straining; Hæmatemesis, etc., or Varicosis, with Constipation.

GENITO-URINARY ORGANS.—Hæmaturia and irritable bladder; Neuralgia of the testes and ovaries; ovarian disease, with pain in the loins, etc.; vaginal Leucorrhœa, with relaxation of the mucous lining, etc.; Varicocele.

Hæmorrhages.—Hæmorrhage from the *nose,* mouth, cavity of an extracted tooth, *stomach, lungs, bowels,* bladder, *uterus,* or *anus,* when the blood is *venous,* steadily flowing in a dark stream; "Hæmorrhage with asthenia or anæmia, or from asthenic tendency, is of itself an indication for the use of *Hamamelis*" (*Belcher*).

Injuries.—Burns of the tongue and lips from hot drinks; *Ecchymosis* from a bruise.

External Use.—*Formula.*—One part of the strong tincture to four or five of water. Besides its external use in nearly all affections for which it is given internally, *Ham.*, like *Ruta*, may be substituted for *Arnica* when the latter does not suit the patient.

53.—**Helleborus Niger**—*Black Hellebore—Christmas-rose.*

A tincture is prepared from the fresh root.

Leading Uses.—The main uses of *Hellebore* are for illnesses affecting principally the nervous system, with occipital headache, retraction of the head, convulsions, drowsiness and coma, with pallor of the face. Thus it is often indicated in Meningitis, especially at the commencement, and finds a place in the treatment of certain cases of febrile disorders, such as Measles and Scarlet fever, when the rash comes out badly and cerebral symptoms supervene. Especially when there is suppression or partial suppression of urine. Also in Nephritis, Eclampsia and illnesses where scanty urine is associated with cerebral symptoms.

54.—**Helonias Dioica**—*False Unicorn.*

This plant is indigenous in the lowlands of the United States of America. A tincture is prepared from the root, or a trituration from Helonin.

Leading Uses.—It is described as a *Uterine tonic*, and we have repeatedly proved it to be a most precious remedy in atonic conditions of the uterus—Amenorrhœa, Prolapsus uteri, Menorrhagia, Sterility, Leucorrhœa, etc. At the same time it improves digestion and assimilation, and its action on anæmic patients very much resembles that of *Ferrum.* Pain and stiffness in the sacral region from male or female sexual disorders, often supposed to be of a rheumatic character, are curable by *Helon.* The combination of dyspepsia with some pelvic lesion should suggest it as a remedy to be considered.

55.—**Hepar Sulphuris Calcareum**—*Hepar Sulphur—Liver of Sulphur.*

A preparation of the calcareous matter of the *oyster-shell* and *Sulphur.* These substances are heated together in hermetically-closed crucible, and form an impure sulphide of calcium, which gives off sulphuretted hydrogen.

LEADING USES.—Affections of the *glands, respiratory system,* and *skin ;* tubercular and syphilitic manifestations, and the evil effects of *Mercury.* Chronic glandular swellings, especially when Abscesses form ; tubercular disease of joints ; ulcers, and scaly eruptions due to syphilitic infection ; suppuration from any part. In the lower potencies it is useful when suppuration is commencing, to hasten the process (Boils, Abscesses, etc.) ; when suppuration is only threatening the use of the higher potencies will sometimes check its development. It compares in this respect with *Silicea.*

HEAD, EYES, etc.—Headache at the root of the nose ; Chronic periodical Hemicrania, with boring pain ; ulcers of the conjunctiva, which are apt to return ; sore eyes, chronic, with frequent inflammation and free discharge, in weakly children ; Ozæna and Otorrhœa, in the tuberculous.

RESPIRATORY SYSTEM.—Hoarseness, with wheezing breathing ; hoarse Cough following Measles ; Catarrh of the larynx and trachea, with roughness and Hoarseness, severe, deep, dry cough, particularly in the evening, and easily excited by exposure; "sensation as of a clot of mucus, or of internal swelling, when swallowing," and titillation in the throat; Cough with those symptoms, at first dry, afterwards moist, and yielding tenacious mucus; chronic Bronchitis; Phthisis Pulmonalis. But here it must be used with caution; the lower potencies are preferable, as the higher are apt to stimulate the breaking-down-process.

DIGESTIVE SYSTEM.—*Acute Quinsy;* in this disease we have found it the most efficacious remedy. It is very valuable also for swollen tonsils; Salivation, spongy gums, and other conditions of the mouth, from large doses of *Mercury;* chronic Dyspepsia with frequently and easily deranged stomach; chronic Congestion of the liver, with abdominal distress, impeding free respiration, and causing a sense of oppression; obstinate constipation, from a congested condition of the rectum, and Hæmorrhoids, from engorgement of the liver.

SKIN.—Unhealthy, and chapped or cracked skin; fissures in the palms of the hands; *Abscesses, Whitlow, Boils,* and threatened *Carbuncles;* chronic Erysipelas, chronic Herpes.

56.—Hydrastis Canadensis—*Golden Seal.*

Hydrastis Canadensis comes to us from America. It grows in different parts of the United States and Canada, and has long been known to the Indian tribes for its medicinal virtues and beautiful yellow dye. Its value has been recognised to a limited extent by the allopathic school, rather more by the eclectics, still more by homœopaths. Its rugged root is the part used for officinal purposes. In administration it is employed externally as an injection, a lotion, or a gargle ; internally in the form of trituration or tincture, in low and high attenuations.

LEADING USES.—Its special range of action is not extensive, but within that range it is very efficient. It affects chiefly the *mucous tracts*, the *glands*, and the *skin*.

Beginning, then, with the mucous membranes, the following is a sketch of its symptomatology.

EYES, EARS, AND NOSE.—Dr. Hale has observed that the eyes seem to be prominently affected by the pathogenetic influence of the drug ; that in *Catarrhal Conjunctivitis*, after the acute stage has passed, it may be used as a collyrium with unequivocal benefit ; that it is more appropriate to a *chronic* condition ; and that the discharge for which it is indicated proceeds from obstinate catarrhal inflammation, in which ulceration is a prominent symptom. Dr. Palmer, of New Hamilton, remarks that in Conjunctivitis he has used it locally and internally with good results. In Nasal Catarrh he employs the 3x dilution, and finds it especially beneficial when there is a constant discharge of thick white mucus from the nose, obstruction of the nasal passages, and Coryza with frontal headache. One of the symptoms which indicate its use is a peculiar roaring in the ears—a whirring roar—especially in a feeble condition of the system. It has been found useful in *Tinnitus Aurium*, and in *Otorrhœa* when the mucus has been thick ; a weak solution should be employed as an injection. The constant discharge of thick white mucus from the nose he regards as a leading indication. For several years he has been in the habit of treating chronic nasal Catarrh, Ozæna, and diphtheritic affections of the nose with *Hydras.*—the second dilution in simple Catarrh, internally and by injection ; the first decimal trituration when there is Ulceration ; a still stronger form in Ozæna.

MOUTH AND THROAT.—An aphthous condition of the mouth yields to this medicine. A yellow stripe down the middle of the tongue, or even over the whole of the organ, which feels large, with a sticky mouth, are indications. In all forms of *Stomatitis* of children it is valuable—in simple ulceration, in mercurial sore mouths, and in *Stomatitis Materna.* We have found obstinate cases, in which other remedies had failed, yield to a wash of *Hydras.*, used several times a day. Sometimes a peculiar sore throat attends Dyspepsia, arising from extension of the irritation of the stomach. For this *Hydras.* is an excellent remedy, given internally. It may also be so given and as a gargle for some cases of Diphtheria, being homœopathic to the debility which accompanies that disorder, as well as to the state of the throat. In follicular tonsillitis we have found it to act very promptly.

Dr. Logan reports the successful treatment of more than 200 cases of Diphtheria with *Hydras.* gargle. Dr. Hill states that, used as a gargle in a septic state of the throat in malignant Scarlet fever, it arrests the destructive process at once.

GASTRIC AFFECTIONS.—Here it takes rank with *Nux V.*, *Puls.*, and *Sulph.* Observations point to its use when the Dyspepsia is atonic ; when there is great sense of prostration and sinking at the epigastrium, with violent and long-continued Palpitation of the heart. Dr. Hale limits its beneficial action upon the intestinal canal, for he says :—" *Hydrastis* is not primarily or directly homœopathic to *Diarrhœa* unless it be catarrhal, in which it should be used highly potentized. But it is decidedly homœopathic to the following conditions :—

(1) Chronic mucous flux of the intestines (*Mucous colitis*); (2) Erosion, chronic Ulceration, etc., with defective absorption; flatulent Colic." We draw attention to the term "chronic" as indicative of the character of other symptoms to which the medicine is also applicable.

Hydrastis is indicated in some forms of Dysentery; in mucous colitis, when the discharges are tenacious and slimy; in *Ulceration of the rectum;* in fissure and excoriation of the anus, in Hæmorrhoids,* etc. In these cases enemata, in addition to the internal use of the drug, are beneficial.

CONSTIPATION.—But it is in cases of Constipation that it has been found especially efficacious. Dr. Hughes remarks: "My chief experience with this drug has been the treatment of Constipation, for which it is a precious remedy, far superior to the *Nux. Vom.* usually prescribed. It is in cases when Constipation stands alone, or is the cause of other ailments, that I find *Hydras.* so valuable." The late Dr. Bayes says: "In obstinate Constipation, tincture of *Hydras.* 1x, in two or three-drop doses, in a wineglassful of water, is frequently curative. In three-drop doses *Hydras.* ϕ is a mild purgative. It has the advantage of giving tone at the same time." According to Dr. Newton, "*Hydrastis* is a first-class antagonist to simple chronic Constipation." Dr. Hastings has found "a drop of the mother tincture in water, first thing every morning, most effectual." Dr. Rogerson has often tried it with great success, and says: "It seems to act most beneficially on those who have resorted to a course of

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* A professional correspondent informs us of the cure of a case of Hæmorrhoids, of twenty years' standing, by *Hydrastis;* at the same time the general constitutional condition of the patient was greatly improved.

'opening medicine'; it also seems to act best on those who, after an active life, have become of sedentary habit." The testimony is thus very strong in favour of its use in *torpidity* of the bowels; and though no instance is on record, we shall think it especially valuable in the case of old persons who suffer from general atony of the system. From analogy it seems most likely that *Hydras.* would have the same effect upon other mucous surfaces as it has on those to which reference has been made.

GENITO-URINARY SYSTEM.—In diseased conditions of these organs—Gleet, Gonorrhœa, incipient Stricture, Spermatorrhœa, Leucorrhœa, Inflammation and Ulceration of the internal coats of the bladder, and the consequent debility—it may be regarded as almost specific, and we have repeatedly proved its striking efficacy. Injections of a solution of the *Sulphate of Hydrastin* are curative in Gonorrhœa, after treatment of the acute stage by *Acon.* or *Gels.* Injections or other local applications are frequently desirable in the above diseases, in addition to its internal administration.

GLANDULAR AND CANCEROUS AFFECTIONS.—It operates favourably in some glandular disorders, and in the cachectic condition of Cancer it has been long known to have great efficacy. Especially in cases of carcinoma affecting the stomach, bowels or rectum, and in some cases of cancer of the breast, *Hydrastis* has a real value. There are several cases on record of the disappearance of growths after the use of this remedy. When a malignant character is at least probable and with inoperable tumours of these regions mentioned *Hydrastis* should be tried persistently. Even if it does not affect the growth, it nearly always influences the cachexia.

Dr. Hale affirms that it is homœopathic to the debility, and Drs. Marston and McLimont that they "know of no medicine which has caused so great an improvement in the general health of our cancer patients as this; an improvement which, in most cases, has become visible in the bettered expression of the countenances of the patients." If, therefore, it does not effect a cure it affords a most precious alleviation. Judging from our own experience, however, in the debility of Cancer, *Hydrastis* must yield the palm to *Arsenic*, for we have repeatedly witnessed the most decided improvement from a course of *Arsenic*.

SKIN.—The value of *Hydras.* in Ulcers, Lupus, Rhagades, and excoriations, especially in cachectic and enfeebled constitutions, is very great. In excoriation of infants it has been found useful when *Calend.* has failed. A lotion of $\frac{1}{10}$ in water, applied with lint, acts with great rapidity. Glycerine is, however, a better vehicle than water. A dry trituration may be a more convenient form of application. Sore nipples are relieved by it.

In conclusion, ulcerating conditions of any of the mucous surfaces, especially if chronic and attended with debility, will yield to *Hydras.* Catarrhal and ulcerated conditions are weakening, and signs of weakness. This remedy gives tone generally and locally, and thus assists nature in overcoming and eliminating the disease. It will thus be seen to be a medicine of primary importance for the disease to which it is homœopathic.

57.—Hyoscyamus Niger—*Black Henbane.*

This plant is indigenous throughout Europe, growing in uncultivated places in the neighbourhood of farms, villages, etc. The herb may be recognized by its fœtid odour when pressed. We make a tincture from the whole plant.

LEADING USES.—Functional diseases of the *brain and nervous system,* characterized by nervous irritability and over-activity of the sensorial functions.

NERVOUS SYSTEM.—Delirium without the congestion indicating *Bell.,* or the fury calling for *Stram.;* "complete loss of sense, urine being passed unconsciously; Delirium coming on with occasional fits of excitement; in which the patient tears at the bedclothes, attempts to fling off everything, or makes motions as if he were at his employment; afterwards he falls asleep for some hours, waking at intervals with fits of excitement;" Delirium Tremens; brain-troubles of children, not requiring *Bell.;* excitement preventing sleep; mild Delirium of Typhus, Enteric, and Puerperal fevers; epileptic and hysteric Convulsions, and Eclampsia; fainting fits of Hysteria.

HEAD, ETC.—Squinting, stammering, twitching in the face, and other choreic movements in children; giddiness and stupefaction, dull and haggard expression, excessive dilatation of the pupils, and loss of speech; disturbance of the visual functions—a tailor, under the influence of this plant, could not thread his needle, it seemed to have three eyes.

RESPIRATORY SYSTEM.—Nervous, dry cough, *commencing or aggravated on lying down,* and relieved by sitting up; night-Coughs of children or aged persons; spasmodic, nervous Coughs of children, the aged, and hysteric persons.

DIGESTIVE SYSTEM, ETC.—Vomiting from brain-disturbance; hysterical vomiting; painless diarrhœa, especially in females; involuntary nocturnal urination.

58.—Hypericum—*Hypericum Perforatum—St. John's Wort.*

A tincture of the whole fresh plant is used. The chief use of *Hypericum* is as a vulnerary. In all cases of injury where nerves have been much damaged *Hypericum* internally and locally has done splendid service. For the after-effects of injuries to the spine (Railway spine, etc.) it has great value. For injuries to parts rich in nerves (as the fingers, and especially the finger ends) *Hypericum* is the best remedy. A lotion is made from the tinctures, but there is also another preparation—an extract of the plant in warm Linseed Oil. This is called *Hypericum Oil.* It is an invaluable application in the case of bed-sores.

59.—Ignatia Amara—*St. Ignatius' Bean.*

The *Strychnos Ignatii* is a climbing bush, which, like the *Strychnos Nux Vomica,* grows on the islands of the east and south-east coast of Asia. Although the two plants are of one family, the seeds of the former contain more strychnia than the latter, and there is a considerable difference in their respective therapeutic effects.

LEADING USES.—The action of this remedy is mainly in nervous and digestive derangements.

NERVOUS SYSTEM.—*Hysteria,* and other *nervous disorders ;* sensations in the throat as of a lump there (Globus Hystericus) ; epileptiform and other convulsive affections of children, as if from worms or fright ; emotional disturbances from grief or fright ; Hypochondriasis in the male ; alternate gaiety and sadness ; acute sensibility of the body ; sleeplessness ; and the consequences of *fright* or *grief* in persons of an exalted impressionability, especially women and children; excessive convulsive *Yawning;* stiffness of the back from spinal irritation.

HEAD, ETC.—Paroxysms of Headache, with sensation as if a nail were pressed into the brain; weight at the back of the head, the patient being continually inclined to lean it back on something for support; Faceache and Toothache, with crushing pain, or soreness in the teeth.

RESPIRATORY SYSTEM.—Sensation as if a cold in the head were coming on, with aching in the forehead; nervous cough, with irritation in the larynx and trachea; bronchial Catarrh of old persons where *Spasm* is a prominent symptom; constriction of the chest; dyspnœa. Pain and anguish of the heart (not organic) from depressing emotions.

DIGESTIVE SYSTEM, ETC.—Indigestion, with great *nervous depression; flatulence*; distress in the stomach, and periodical spasms of hysterical persons; excessive perspirations during meals; feeling of weakness at the episgastrium; acute pain in the anus; Constipation, with frequent and unsuccessful desire for stool, and Prolapsus Ani, in the aged and in children.

GENITO-URINARY SYSTEM.—Copious discharge of pale urine. Premature and profuse menstruation.

60.—Iodium—*Iodine.*

This is an elementary substance, chiefly obtained from incinerated seaweed or kelp, named from ιωδης (violet), on account of the beautiful and characteristic colour of its vapour. It also exists in the mineral and vegetable kingdoms. The therapeutic virtues of *Spongia* are due in part to the presence of *Iodine* in that substance; nevertheless, *Spongia* has a sphere of its own apart from that of *Iodine.*

LEADING USES.—Tubercular inflammation of the joints; Goître; Inflammation and enlargement, tubercular or non-tubercular, of the *lymphatic glands;* general emaciation, with colliquative sweats and Diarrhœa; Hectic fever; wasting of the body from non-assimilation of the fatty elements of food, with a tendency to Tuberculosis of the lungs, or, in children, of the mesenteric glands; Caries; Adenoids.

NERVOUS SYSTEM.—Tremblings, with emaciation; Chorea in weakly subjects, with exhaustion, Wasting, etc.; Marasmus of children and females; mercurial Wasting and Tremor; Weakness; Atrophy and loss of vitality, from care, want, etc.; despondency, or great and lasting anxiety. A great characteristic of patients requiring *Iodine* is that the appetite is ravenous, but in spite of eating largely, the patient loses flesh steadily.

HEAD.—Pressure in the forehead and back of the head, with confusion, sense of gnawing hunger, followed by thin diarrhœic discharges; chronic nervous headaches with dyspepsia; congestive headache, with fulness, giddiness, drowsiness, etc., especially in old persons.

EARS, EYES, AND NOSE.—Ophthalmia in the tuberculous, with Photophobia, obscuration of vision, etc.; chronic catarrhal Deafness with, or following, glandular or throat affections; simple or syphilitic Ozæna, with fœtor, loss of smell, etc.

CIRCULATORY SYSTEM.—Palpitation with quickened pulse and weakness, leading to fainting; fainting-turns; intermittent pulse; constriction about the heart and chest.

RESPIRATORY SYSTEM.—In Laryngitis, *Iod.* should be administered internally and by inhalation; Acute Laryngitis preceded by hoarseness, and dryness of the throat; chronic Laryngitis, with hoarseness, aching and sore pains; paroxysms of Cough with discharge of lumps of hardened mucus; laryngeal Tuberculosis; hoarseness, with fits of deep, dry cough; dry, hard, barking cough; chronic Bronchitis, with tearing and suffocative cough, tickling in the throat, constriction, burning sensation, wheezing, and expectoration of blood-streaked, or purulent, mucus; chronic Pneumonia; tightness of the chest, with pressing, burning, and Palpitation; Cough with Hæmoptysis, wasting, and Night-sweats; Cough and phthisical symptoms following the disappearance of glandular swellings; Phthisis Pulmonalis, with the general symptoms indicative of this remedy. The *Iodine* patient likes the air, and his symptoms are better out-of-doors.

DIGESTIVE SYSTEM.—Salivation, especially mercurial with swollen gums, paleness of the face, emaciation, and small, quick pulse; Salivation during pregnancy; unnatural hunger, with indigestion and emaciation; diarrhœic stools, and Wasting, the food not being assimilated; thin, fœtid Diarrhœa of children, with distension of the bowels, pinching and cutting pains, etc.; Tabes Mesenterica, with Cough, and hectic symptoms; disease of the pancreas, with whitish, fatty diarrhœic stools; Congestion of the liver, chronic Jaundice, etc., in the tubercular, with Wasting.

GENERATIVE SYSTEM.—Atrophy or induration of the testes, with Impotence; Hydrocele. Amenorrhœa in girls having a phthisical tendency, emaciation, etc. Amenorrhœa in weakly patients, with oppressed breathing; Palpitation, loss of appetite, Costiveness, distension of the bowels, etc.; premature and profuse menses, or profuse, thin, watery discharge, with prostration, dizziness, frontal headache, etc. ; Dysmenorrhœa with similar symptoms ; Sterility, Metritis, and chronic Vaginitis, especially in the tuberculous ; fœtid Leucorrhœa, with emaciation ; inordinate flow of milk, which continues after weaning, with Wasting ; ovarian Cysts, Atrophy, etc.

SKIN.—Chronic erythematous, papular, and pustular eruptions of weakly children ; Tubercular Ulcers, Psoriasis, with corresponding constitutional symptoms. " A remarkable improvement in the beauty of the hair and cleanliness of the scalp has been observed to follow its use in these subjects " (*Hughes*).

GLANDULAR SYSTEM.—Goître or Derbyshire neck ; its utility is restricted to simple enlargement of the gland. Swelling and induration of the cervical, salivary, and inguinal glands, and swelling of the glands in general. Enlargement of the liver.

61.—Ipecacuanha—*Cephælis Ipecacuanha.*

This is a creeping herbaceous perennial plant,, growing plentifully in wooded tracts of South America, particularly in Brazil. Its root is the *Ipecacuanha* of commerce.

LEADING USES.—Paroxysmal or intermittent affections of the *respiratory and gastric systems*, occurring especially at night ; Intermittent fever, with predominance of gastric symptoms ; Hæmorrhages, especially Hæmoptysis.

HEAD.—Hemicrania, paroxysmal, with fine stinging pains, soreness, and nausea ; pain over eyes, from indigestion.

RESPIRATORY SYSTEM.—Spasmodic sneezing, with bleeding, or running of watery fluid from the nose, and watering, redness, and smarting of the eyes ; spasmodic cough, at night, with tickling in the larynx, retching and vomiting of mucus ; cough with pain in the umbilical region, as if the navel would be ruptured ; Whooping-cough during the early stage, with great accumulation of mucus and vomiting ; paroxysmal Cough with *Hæmoptysis ;* bronchial Catarrh, with excessive quantities of mucus, causing vomiting in the effort to expel it. Sudden arterial Hæmorrhage from the lungs in Phthisis ; Hay-fever ; Spasmodic Asthma, with anguish, deathly paleness, dread of death ; nocturnal Asthma, coming on suddenly, with similar symptoms, cold extremities, and ending in profuse expectoration of mucus.

DIGESTIVE SYSTEM.—*Nausea and vomiting,* with abundant flow of watery saliva, qualmishness, sense of emptiness in the stomach, and *moist, yellowish,* or *white-coated tongue ;* vomiting of pregnancy, with similar symptoms ; *Hæmatemesis* (see also "Generative System"), with moist tongue and flow of saliva ; vomiting of blood, mucus, or bile, of a greenish or blackish colour with straining and retching ; loss of appetite ; oppression after food ; want of tone in the stomach ; spasmodic Cardialgia ; neuralgic and bilious Colic ; with pinching and cutting pains above the navel ; Diarrhœa, with nausea, Vomiting, and bloody or foul-smelling stools ; Dysentery, with moist, furred tongue, profuse discharge of mucus, greenish matter and blood ; autumnal Diarrhœa, with griping, straining, nausea, and vomiting. *Emetine,* the alkaloid of Ipecacuanha, has been used with great success in tropical dysentery.

URINARY AND FEMALE GENERATIVE SYSTEMS.—Hæmaturia, with qualmishness and nausea in the stomach and bowels ; thick, reddish urine. Sudden discharge of bright-red blood from the uterus, after labour, with sickness at the stomach, dizziness, headache, cold, pale face; Menorrhagia with similar symptoms; *Hæmatemesis* associated with *irregular menstruation* or the climacteric.

62.—Iris Versicolor—*Blue-flag*

Blue-flag is an aquatic plant common throughout the United States, presenting blue or purple flowers from May to July. Its value as a remedial agent seems to have been first derived from the Indians, who prize it as a powerful medicine. In Georgia and Florida it is stated that an artificial pond, constructed for its special cultivation, is found in almost every village, covered with a luxuriant growth of the *Iris*.

LEADING USES.—Affections of the gastric mucous membrane, also of the pancreas and other glands, with abnormal secretion, salivation, vomiting, and purging. Some tubercular, mercurial, and syphilitic conditions; mercurial Salivation, etc. *Iris* simulates Mercury to a remarkable degree, stopping short of the great disorganising effects of that drug.

Nearly all the conditions for which *Iris* is applicable are characterized by unusual lassitude, prostration, and lowness of spirits. It is most useful in persons subject to gastric and bilious disorders. "Iris Versicolor seldom fails to relieve sick-headache attended with vomiting of bilious matters, when the Headache assumes the form of Hemicrania of the right side; during the infantile cholera season it was found of great value in quickly subduing Diarrhœa attended with Colic and rumbling of the bowels" (*Dr. Small*).

HEAD.—Neuralgia of the right side of the face. *Sick-headache*, gastric or hepatic; in this affection *Iris* is a remedy of prime importance; the pain is generally in the forehead and right side of the head, is aggravated by rest and on first moving the head, but relieved by continual motion, and is often accompanied by Vomiting or Diarrhœa, and lowness of spirits.

EYES.—Simple Inflammation of the eyelids from cold, especially when associated with Diarrhœa.

DIGESTIVE SYSTEM.—Inflammation of the mouth and fauces, with or without Ulceration, with burning, and Salivation, without fœtor; Salivation, etc., after Diphtheria; burning distress in the region of the stomach and pancreas; "pancreatic Salivation;" sour *Vomiting*, with headache, Acidity, and eructations; Indigestion from defective pancreatic secretion, rendering the digestion of starchy and fatty foods imperfect; *severe flatulent Colic;* simple affections of the liver; *Diarrhœa*, with burning in the rectum and anus; Diarrhœa not followed by Constipation; looseness of the bowels; with almost constant uneasiness and grinding in the bowels; discharge of fœtid flatulence and fæces; periodical Diarrhœa occurring at night; Cholera Infantum, especially when vomiting is very prominent; English Cholera with great pain in the pit of the stomach, around the navel, or low down in the bowels; involuntary Diarrhœa, rice water evacuation, cramps and choleraic expressions of countenance; summer and autumnal Diarrhœa, with watery or bilious evacuations, and when *vomiting* is frequent.

GENERATIVE SYSTEM.—Seminal emissions with amorous dreams; Spermatorrhœa, with lowness of spirits. In the nausea and vomiting of pregnancy we have used it with good results.

SKIN.—Herpes, especially of the face; vesicular-pustular eruptions on the skin and scalp.

63.—Kali Bichromicum—*Bichromate of Potash.*

We are indebted to the late Dr. Drysdale, of Liverpool, for the introduction of this drug into our Materia Medica. Guided by the symptoms which have been observed in the workmen employed in the bichromate-of-potash factories, this drug is now used with success in many important affections. It is prepared for use either as a tincture or trituration.

LEADING USES.—Affections of the mucous membrane, skin, fibrous tissues, liver, and kidneys; Conjunctivitis; *chronic Arthritis*, with coldness of the affected parts; papular cutaneous eruptions; Syphilis, etc.

EYES AND NOSE.—Conjunctivitis, with redness of the conjunctivæ, agglutination of the lids, and discharge of thick yellow matter. Inflammation and Ulceration of the nose, with serous, purulent, and bloody discharge, sometimes coming away in tough elastic plugs; Polypus of the nose (internal and local use).

RESPIRATORY SYSTEM.—Acute Coryza; Chronic Cold in the head; influenza, without much nervous prostration; acute and *chronic Bronchitis*, with *tough and stringy*, or purulent *expectoration*, and dyspnœa, especially when there is also indigestion; Croup with hoarseness and accumulation of mucus in the larynx, pseudo-membranous formation; burning pain in the middle of the sternum; Cough followed by violent dizziness, and *difficult expectoration* of *tough*, blood-streaked mucus.

DIGESTIVE SYSTEM.—Ulcerated sore throat, with accumulation of a yellow, *tenacious*, stringy matter; syphilitic sore throat, when the ulceration is not deep; Indigestion, from chronic Gastric Catarrh, with *yellowish* coated tongue; nausea and vomiting, with sense of coldness in the stomach; Ulceration of the stomach, with soreness and tenderness, dryness of the mouth, etc.; Ulceration of the intestines; dull pain in the right hypochondrium, and whitish stools; Suppression of urine following Asiatic cholera.

SKIN.—Pustular eruptions; Ulcers of the legs; Ulcers with dark centres and overhanging edges, especially of a syphilitic character; small flat pustular eruptions on the face, nose, forehead, and scalp.

64.—**Kali Hydriodicum**—*Kali Iodidum—Iodide of Potash.*

This remedy is very largely used by allopathic practitioners; it is also considerably used by homœopaths. Its general sphere of action resembles that of *Iodium.*

LEADING USES.—Secondary and tertiary Syphilis; chronic Rheumatism and Gout; weakness and stiffness of the joints, following acute Rheumatism; catarrhal affections of tubercular patients. The drug is particularly useful for the above affections in broken-down constitutions. It is also useful in Lead-poisoning, and especially in potencies has a real value in removing the debility that follows acute diseases such as Influenza. "A diffused sensitiveness" of the skin is an indication for it.

NERVOUS SYSTEM.—Acute and chronic Meningitis; Epilepsy and Paralysis of a syphilitic origin.

EYES, NOSE. ETC.—Inflammation of the lachrymal gland, with mucous discharge; syphilitic Iritis; fluent Coryza,* affecting the mucous membrane of the eye and the nose, the eyes being red and swollen, and the discharge cool and not causing soreness (hot excoriating secretion indicates *Arsenic*) ; Ozæna ; chronic deafness. Hypertrophy of the thyroid gland.

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* When iodism occurs from the use of this drug, the mucous covering of the eyes, and the lining of the nose, frontal sinus, and mouth, and skin of the face, are the tissues most frequently and severely affected (*Ringer*).

Digestive System.—Ulcers, swelling and cracks of the tongue ; Syphilitic Ulcers on the soft palate and tonsils ; chronic sore throat ; sore or fissured anus of infants.

Generative System.—Sub-acute inflammatory condition of the uterus in young married women, often with a slightly irritating mucous Leucorrhœa.

Osseous System.—Periostitis of a syphilitic character ; or from an injury ; syphilitic Nodes, swelling and Caries of bones.

Skin.—Various forms of chronic syphilitic and scrofulous cutaneous disease,—Psoriasis, Erythema, Lupus, Ulcers, etc.

Characteristics—The pains which *Iodide of Potassium* removes are almost always worse at night. The pains of Syphilis are generally aggravated at night, and in many cases those of chronic Rheumatism ; this is also true of many other complaints. Such a character of the disease may be accepted as a strong indication for this drug (*see Ringer*).

65.—**Kreasotum**—*Creasote.*

Leading Uses.—Sympathetic and chronic vomiting ; Toothache from decay of the teeth. According to M. Teste, *Kreasote* is most adapted to the ailments of delicate children.

DIGESTIVE SYSTEM.—*Decay of the teeth,* and *Toothache* from that cause (compare *Mercurius); morbid Dentition,* especially when the teeth decay as they appear, and the patient is cachetic and troubled with constipation (compare *Chamomilla*) ; mercurial salivation (as a gargle) ; obstinate Indigestion, with constant nausea and inclination to vomit, without actual Vomiting, with a sense of coldness in the stomach ; sympathetic Vomiting, as in Phthisis, Cancer of the liver, kidney-disease, Pregnancy, etc. ; Diarrhœa and Dysentery, when the discharges are putrid ; gastro-intestinal Inflammation ; Diabetes Mellitus.

GENERATIVE SYSTEM.—Foul vaginal discharges, malignant uterine Ulcerations, premature menstruation, with discharge of fœtid blood, nervousness, etc. ; foul corrosive Leucorrhœa ; persistent Morning sickness, for which, according to our experience, it is the best remedy ; foul-smelling lochial discharge.

SKIN.—Syphilitic eruptions. To Burns, Scalds, Chilblains, and foul Ulcers a lotion may be applied—one drop of pure *Kreasote* to about eighty of water.

66.—Lachesis—*Lachesis.*

The substance known in homœopathic therapeutics by this name is the poison of the lance-leaded viper (*Lachesis Trigonocephalus*). One of the great indications for *Lachesis* is suffering from the non-appearance of a usual discharge (as of the catamenia) and also relief when the discharge appears. This explains its suitability for climacteric complaints. The symptoms of *Lachesis* generally proceed from left to right (*Lycopod.* from right to the left) ; especially is this noted in sore throat. There is extreme sensitiveness of the surface and intolerance of anything tight, and complaints are very apt to be aggravated immediately after sleep.*

Leading Uses.—Nervous affections of women at the climacteric period; hysterical troubles; irritable throat; some cases of chronic Constipation in women, and when there is alternate relaxation and Constipation. This drug (or one of its allies, *Crotalus* or *Naja*) is very useful in advanced heart disease and tuberculosis of the lungs, when any of its general symptoms are present.

Nervous System.—Globus Hystericus; spasmodic stricture of the œsophagus; suffocative fits of cough. *Circulatory System.*—Nervous Palpitation from Heart-disease, accompanied by anxious, wheezing respiration, asthmatic Cough, tendency to vomit, etc.; *flushes*, with Headache and sleeplessness; burning pains in the top of the head; pains in the back, Melancholy, etc. *Skin.*—Traumatic Gangrene, and skin and other diseases, in which, as in cases of the serpent's bite, the blood becomes tainted by the local affection—Carbuncle, Pyæmia from Phlebitis, putrid Sore throat, Diphtheria—with prostration of the nervous energies.

67.—Lycopodium Clavatum—*Wolf's foot—Club-moss.*

We use the pollen or powder (Sporulæ Lycopodii), which in its crude state is all but inert; but Hahnemann's process of trituration renders it a potent remedy in many diseases.

Leading Uses.—Affections of the digestive, urinary and respiratory mucous membrane, and the skin, especially when associated with mental and physical weakness, sallow complexion, loss of appetite, slow and depraved digestion, intestinal flatulence, and Constipation. It has several well-marked general symptoms, which may guide to its use in many chronic conditions wherein it is best administered in single doses of a high potency (30 and upwards). A. Aggravation of symptoms from 4 p.m. to 8 p.m. B. Tendency of symptoms to pass from right to left. C. Amelioration of symptoms by movement, and by open air. D. Tendency to intestinal flatulence and marked deposit of urates in the urine.

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* For a full account of the indications for this remedy see "The Therapeutics of the Serpent Poisons," by Dr. Clarke. (Homœopathic Publishing Co.)

RESPIRATORY SYSTEM.—*Chronic* Catarrh, and, perhaps, Bronchitis, with *much general weakness ;* chronic superficial Ulcerations in the throat, soft palate, tonsils, and pharynx, having a tendency to spread. "Chronic Pneumonia, with purulent foul-smelling expectoration ; early stages of Phthisis Pulmonalis, when supervening on Bronchial Catarrh, with much free mucous expectoration." Especially it seems to have power over suppuration produced in Tubercular disease by the growth of germs other than those of Tubercle, superadded to the original affection.

DIGESTIVE SYSTEM.—*Water-brash, Acidity, Heartburn ;* for Water-brash, particularly in elderly persons, it may be considered almost specific. *Flatulence in the intestines*, with tympanitic distension of the abdomen ; *Constipation* with torpor, sense of warmth and dryness of the bowels, and *Gravel* in the urine ; Enteritis of infants, from indigestible food ; chronic Congestion of the liver, with pain in the right side and back ; " unconquerable sleep after dinner, followed by great exhaustion."

URINARY SYSTEM.—Frequent or painful urination, the urine being cloudy, depositing a sediment, and sometimes mixed with mucus and blood; excessive urination; disturbing the patient at night; Catarrh of the bladder; spasmodic Retention or Incontinence of urine in children; Strangury dependent on the presence of *gravel* or pus in the urine, or atony of the mucous membrane; *Gravel* (lithic acid deposits).

SKIN.—Eczema; Intertrigo; Favus; chronic Inflammation of the skin; sallowness; cold extremities.

68.—**Mercurius**—*Mercury.*

We have several preparations of *Mercury*, the principal of which are—*M. Solubilis Hahnemanni*, the black oxide of Mercury, first prepared by Hahnemann; *M. Vivus*, quicksilver; *M. Corrosivus*, corrosive sublimate, or bichloride of Mercury; *M. Iodatus*, or *Bin-iodatus*, iodide, or bin-iodide of Mercury; and *Cinnabar*, red sulphide of Mercury. The general effects of all are so similar that we have thought it best to describe them under one signature—MERCURIUS. The main distinctions between different forms or combinations of the drug are pointed out at the end of the Section, and occasionally in the paragraphs.

LEADING USES.—General unhealthy condition, the secretions being fœtid, the complexion sallow, the skin generally pale and dull, and the system liable to Ecchymosis, passive Hæmorrhages and effusions; *cachectic conditions of the whole nervous system*, the mind losing its power, the patient becoming irritable, with trembling, wasting, and an ill-nourished appearance. The glands enlarge and tend to suppuration or disorganization, the mucous membranes and the skin are disposed to ulcerations, generally unhealthy, and the secretions from the former are abnormal and excessive and the perspirations from the latter copious, and sour or fœtid.

Congestions of the head, lungs, liver, bowels, etc., accompanied by chills, and followed by *slight* fever, heat, dryness of the mouth and throat, restlessness, etc., aggravated in the evening and night. *Dropsy* of the extremities, Ascites, when accompanied by Jaundice. liver disease, or general cachexia, with sallow, yellowish-greenish and cold skin, feeble and slightly hurried pulse, thick and foul-smelling urine, Constipation, with dry, light-coloured fæces. *Rheumatism,* the pains being hard, aching, or crushing pains in the bones, with coldness, or chilliness, followed by slight fever; local Rheumatism, chronic, or during Rheumatic fever, the parts perspiring freely without relief; Rheumatism, with profuse, sour sweats, not relieving the symptoms; sub-acute Periostitis, in cachectic patients; *Scurvy.*

The following are general indications for *Mercurius*—*Impoverished, pale, sallow, or unhealthy appearance: bilious or liver derangement; Offensive breath;* impaired appetite; *liability to derangements of the mucous membrane*—Cold in the head, Inflammation of the eyes, Sore throat, Dyspepsia, Diarrhœa, etc.—*from a draught of air, unfavourable change of weather, etc.;* increased susceptibility to impressions; *sensitiveness* to cold and damp, with *chilliness;* in febrile conditions, the *fever* is slight, with somewhat quickened, soft, full, and easily compressed pulse, and the precursory chills are slight; the symptoms generally are *worse* in the evening and at *night;* there is *chronic perspiration,* especially at night, or clammy sweat on the least exertion, which never relieves the symptoms of pain; also weariness, coldness of the extremities, *depression of spirits* or enfeebled mental power, irritability, restlessness, etc.

Mercurius, however, is not adapted to patients who have been previously drugged with large and long-continued doses of Mercury; *Hep.-Sulph.*, *Ac.-Nit.*, *Carbo.-Veg.*, or some other remedy is then more suitable.

Nervous System.—Trembling of the hands and feet, or of the body generally, in cachectic individuals, from exposure, want, etc.; Imbecility, Softening of the brain, Paralysis, Chorea, and Hydrocephalus, following on long-lasting disease; syphilitic Paralysis; wakefulness at night, and disturbing dreams, with drowsiness by day; sleeplessness with beating at the pit of the stomach, profuse sweats, and depression of spirits

Head.—*Headache from cold*, as in Catarrh, with sense of *tightness* round the head, irritation of the eyes heaviness over the nose and in the jaw-bones, running discharge from the eyes and nose, chilliness; *rheumatic headache*, with pains in the bones of the skull, tearing in the scalp, or sensation as if the skin were tightly drawn over the skull, pains in the forehead, hot face cold hands and general chilliness; *sick Headache* the head feeling full and tight, with sensitiveness flushed, swollen, hot face, copious flow of saliva, vomiting of bile, etc.

Eyes.—Inflammation of the eyes from cold, with smarting and burning, agglutination of the lids, sensation as of sand in the eyes; Chronic Sore eyes in unhealthy subjects; Tubercular and syphilitic Conjunctivitis, and Iritis; chronic Inflammation and swelling of the Meibomian glands.

Ears.—Otitis, with severe pain, discharge of fœtid pus, or pus and blood, buzzing and fluttering noises worse at night; Earache and partial deafness, from cold, with much noise in, and muco-purulent discharge from, the ears, swelling of the glands, offensive breath, etc.

NOSE.—Swelling and inflammation of the nose, going on to Suppuration or Ulceration, and discharging foul pus ; formation of crusts in the nostrils ; muco-purulent discharge from the nose ; syphilitic Ozæna.

RESPIRATORY SYSTEM.—Cold in the head—"running cold"—sneezing, lachrymation, tightness of the head, and chilliness ; hoarseness with dryness of the throat ; Cough, with yellow mucus or muco-pus, of a sweetish or saltish taste ; dry, hacking, shaking Cough, with dryness and tightness of the chest, worse at night, relieved for a time by drinking cold water, and a sense as though the cough would be altogether relieved if the parts could be lubricated. Dr. Small states that he finds no remedy acts so promptly and satisfactorily in removing a hoarse cough, with much tickling in the larynx, as *Merc.-Viv.* 3x. It is also excellent for the Cough of chronic Bronchitis and Tuberculosis, with similar symptoms ; expectoration of muco-purulent matter and blood, in cachectic patients, or following Scarlet fever, etc.

DIGESTIVE SYSTEM.—*Mouth, etc.*—Inflammation and Ulceration of the mouth, tongue, fauces, and tonsils, with swelling of the glands, and slight fever ; Sore mouth of nursing women ; Thrush ; Cancrum Oris ; low inflammation and swelling of the tongue ; Scurvy, sponginess and bleeding of the gums ; cracks at the corners of the mouth ; coppery or brassy taste, or foul taste, whitish or yellowish coating on the tongue, slimy state of the mouth, and offensive breath. For Sore mouth with deep painful fissures or ulcers, *Merc.-Cor.* 3 is an excellent remedy. Salivation, simple, or in pregnant women ; Mumps ; swelling of glands after

Scarlet fever. *Teeth.*—*Toothache*—the teeth are *loose* and feel *sore,* the gums swell and are sensitive, the pains are throbbing or jerking, *worse at night,* accompanied by *Salivation,* and often perspiration, and a general sense of *chilliness;* Gumboils with similar symptoms. *Throat.*—Sore throat, with *aching* pain which makes swallowing difficult, or with pain as if a sharp body were sticking in the throat, with dryness, and, occasionally, a sense as of hot vapour rising in the throat; a form of chronic or sore throat, with pale, or *bluish-red swelling,* great sense of dryness, hawking of tenacious mucus, and tendency to ulceration; syphilitic sore throat, with similar symptoms; sore, ulcerated, putrid, gangrenous throat of Scarlatina Anginosa, with *swelling* of the glands. *Glands.*—Swelling and induration or suppuration of the parotid, submaxillary, or sublingual glands, from cold, with soreness and heat; and sometimes Salivation; Mumps. *Stomach.*—Burning in the pit of the Stomach, with soreness; oppression after food; Dyspepsia, from torpor of the liver, with bilious vomiting Constipation, offensive urine, depositing brownish sediment; acute Gastritis. *Pancreas.*—Fulness in the left hypochondrium, with burning pain, and tenderness in the region of the pancreas—frothy and watery Diarrhœa, or whitish, tough, and greenish evacuations *Liver.*—Chronic Congestion, enlargement and induration of the liver, with aching, dull pain, oppression soreness, uncomfortable heat, oppressed breathing, the patient being unable to lie on the right side, and general bilious symptoms; torpid liver, deficient secretion of bile, pale, costive, and offensive motions, loss of appetite, depression of spirits; Cirrhosis; Chronic Jaundice, with Constipation, pale and dry fæces deep-yellow urine, soft and feeble pulse; simple *Jaundice, especially in children. Bowels.*—Slimy, offensive Diarrhœa, excoriating the anus, especially in children; watery Diarrhœa, from cold, with heat and flatulence, chilliness, headache, foul taste, salivation, debility; bilious Diarrhœa, with green, dark-brown, or excoriating evacuations, distension and soreness of the bowels; watery Diarrhœa, and emaciation; Diarrhœa of infants, with green motions, or like stirred eggs, flatulence, etc; Dysentery with discharge of bloody mucus, *tenesmus* or involuntary straining, chalky sediment in urine, and preceded by chilliness, Colic, distension of abodmen, etc. For Dysentery *Merc.-Cor.* is most effectual. Inflammation of the cæcum, colon, and rectum, with Ulceration; pains in the hip and sacrum from Hæmorrhoids (also *Æsculus*), Dysentery, etc. For *Cholera Infantum,* with frequent white, watery stools, straining, and thirst, nausea, etc., *Merc.-Dulcis,* 3x. acts best. Constipation, following bilious Diarrhœa, the fæces being dark-brown, or green, lumpy, and covered with mucus; or Constipation, with an occasional attack of bilious Diarrhœa. —*Anus.*—Soreness of the anus, sharp sticking pains, with oozing of serous fluid. Ascarides and lumbrici in patients having the characteristic cachexia indicating *Mercurius.* Peritonitis, with effusion.

URINARY SYSTEM.—Nephritis, acute and chronic; Catarrh of the bladder; Albuminuria; Suppression of urine from acute Inflammation or Congestion; frequent and painful urination.

GENERATIVE SYSTEM.—Inflammation of the mucous membrane of the glans penis; swelling of scrotum, with erection of penis; coldness and shrinking of the genitals; Spermatorrhœa, and Gleet, in cachectic subjects; Gonorrhœa; Chancre; syphilitic Sores; incipien buboes. Purulent and corrosive Leucorrhœa, anc Prolapsus of the vagina, with heat, pain, and soreness profuse menstruation and deficient blood coagulability in patients presenting the *Mercurial* cachexia—genera weakness and Wasting, Œdema, coldness, paleness short breath, etc.; Sore breasts in patients of a simila type.

SKIN.—Chronic *sweating*, sour or fœtid; perspiration on the least exertion; vesicular and pustula eruptions; cracking of the hands; tubercular anc syphilitic eruptions and Ulcers; Impetigo, Rupia and other destructive conditions; nightly itchin or fine biting sensations without eruption (fron approaching Jaundice).

DIFFERENT PREPARATIONS OF MERCURIUS, AND TH DISEASES TO WHICH THEY ARE SPECIALLY ADAPTED.

Merc. Bin-iodatus. Goître; glandular swellings also when such swellings occur during, or follow scarlet Fever; chronic Bronchitis in the strumous Polypus of the nose; chronic Catarrh.

Merc.-Corrosivus.—Ophthalmia, Gastritis, Enteriti Dysentery, liver-disease, Peritonitis, urinary affection Gonorrhœa; Impetigo Capitis; some of the syphiliti eruptions.

Merc.-Cyanatus.—The best all-round remedy i diphtheria. This must not be given in the lowes potencies. The best results have been recorded wit attenuations from 6 to 30.

Merc.-Sulphuratus Ruber.— *Cinnabaris.*— Chron Gonorrhœa; Gleet, Chancre, and enlargement of th inguinal glands.

Merc.-Sol. and *Merc.-Vivus* are prescribed by man homœopathic physicians indifferently, as the effects both are nearly identical throughout. It was the *Merc.-Sol.*, however, that was proved by Hahnemann.

69.—Nux Vomica—*Strychnos Nux Vomica—Vomit-nut.*

This is the fruit of a tree of considerable size, indigenous to the Indian Archipelago, Southern India, Ceylon, etc. We use the seeds, from which, pulverized, we prepare an intensely bitter tincture or trituration, which, like other bitters, excites an increased secretion of saliva.

LEADING USES.—*Spasmodic affections of the nervous system ; Dyspepsia with Constipation ;* Intermittent fever, with predominance of dyspeptic symptoms, crampy pains, etc. It is pre-eminently suited to all affections of the nervous and digestive systems due to *depression consequent on over-stimulation*, as in immoderate straining of the nervous system by haste and worry of business, excessive study, anxiety, etc., or by the use of *alcoholic drinks, coffee* and *other stimulants.* Hence its adaptation to the ailments of the city man of business, the sedentary, the studious, and the intemperate.

Special Characteristics.—Persons of spare habits, firm fibre, energetic and irritable disposition, dark complexion, who suffer from Constipation, or uneven action of the bowels, and wake up early in the morning with Headache, and crowding of ideas, falling again into a heavy, unrefreshing sleep, are generally most benefited by *Nux Vomica.* The symptoms generally occur, or are worse, very early in the morning—two or three o'clock—and are aggravated by food or mental exertion.

NERVOUS SYSTEM.—*Tetanus*, without loss of consciousness ; tetanic Spasms, alternating with relaxation and Asphyxia; *Spasm*, pain, and *weariness*, with sensation in the joints as if bruised; trembling of the limbs as in drunkards; Epilepsy, the attacks being preceded by dizziness, and *creeping itching sensations in the face*, as from insects, which are followed by violent jerks of the arms, ending in loss of consciousness; convulsive movements excited by touch; morbid *acuteness of the senses;* Paralysis of drunkards; early stage of *Delirium Tremens;* tendency to Apoplexy; neuralgic affections of the spinal nerves, with tingling, hard aching, sticking pains, aggravated by motion or contact, restless sleep, with frightful dreams, Nightmare, mental depression, Hypochondriasis and other nervous diseases, *associated with Indigestion or Inebriation.* According to Dr. Small, in sleeplessness of hypochondriac irritable patients, troubled with Vertigo, and easily fatigued with mental exercise, *Nux Vom.* is of great value; it quiets the nervous system and produces sleep.

HEAD.—Congestive Headache, worse after eating, with throbbing, giddiness, flushed face, aching as if the head would split and stupefaction, often with nausea. Vomiting, or constipation, increased by coughing or stooping, especially in strong, plethoric persons; hysteric Hemicrania; Headache following intoxication; severe Headache beginning with dazzling of the sight; luminous vibrations seen a little distance from the eyes.

RESPIRATORY SYSTEM.—"Stuffy" cold in the head; dry, racking, spasmodic Cough, causing soreness in the pit of the stomach, and aching of the head as if it would split; Cough associated with gastric or liver derangement; chronic Bronchitis of old persons, with profuse and difficult expectoration; *Spasmodic Asthma*, the muscles of the chest being rigid during the attack, the patient oppressed with anxiety, and complaining of soreness or aching under the breastbone, the paroxysm ending in copious vomiting of phlegm; shocks and Palpitation of the heart during Asthma; Spasm of the heart.

DIGESTIVE SYSTEM.—Toothache, associated with Indigestion or pregnancy; spasmodic Hiccough and difficulty of swallowing; *Dyspepsia,* the fore half of the tongue being comparatively clean, and the back part coated with a deep fur; sour, foul, or bitter taste in the mouth; *Flatulence;* Heartburn; rising of a sour and bitter fluid; *Water-brash* (see also *Lyc.* and *Bry.*); "eructation of food soon after it is swallowed, without retching or straining, the food tasting much as it did when swallowed;" *Cardialgia;* oppression of the stomach after eating, with depression of the spirits; ill-humour; sense of weight or pressure in the stomach, with soreness and sensitiveness; *acute Indigestion,* from indigestible food, or after intoxication, with pain, retching and vomiting; chronic Indigestion, with crampy pains, or *Spasms of the stomach or bowels, Flatulence,* and Constipation; gnawing and sinking at the stomach; pain after the least food; aching in the epigastrium and hypochondrium; spasmodic vomiting and retching; morning vomiting of pregnancy; *spasmodic and flatulent colic* (see also *Coloc.* and *Iris*); *Constipation,* the action of the bowels being "inharmonious and spasmodic," the patient having *frequent ineffectual urging;* spasmodic dysenteric attacks; Hernia of women and children; Diarrhœa of infants when artificial food disagrees with them; Hæmorrhoids with little tendency to hæmorrhage, but when the patient shows characteristic constipation and tendency to headache; a few doses of *Sulphur* at the commencement of treatment and occasionally inter-currently during treatment, appear to reinforce the action of *Nux. Vom* ; Prolapsus, or Stricture of the anus, with Constipation ; chronic Liver complaint, especially in aged persons.

URINARY SYSTEM.—Spasms during the passage of urinary calculi ; Strangury, from chronic irritation of the lower portion of the spine ; Incontinence of urine from Paralysis of the sphincters.

GENERATIVE SYSTEM.—Irritability of the male sexual organs, with emissions ; spasmodic pains in the spermatic cord, with retraction of the testes. Spasmodic menstrual Colic, with premature, scanty discharge, cerebral Congestion, and chilliness, Dyspepsia, and other conditions as above ; continual dribbling of the menses ; *Prolapsus of the uterus and vagina ; Metritis ;* Leucorrhœa ; *Morning-sickness.*

STRYCHNIA.—*Strychnine*—the chief alkaloid of *Strychnos Nux Vomica*—is largely used by allopaths, but much less by homœopaths, since it has not so wide and varied a curative range as *Nux Vomica*, its influence being, it is believed, chiefly limited to the cord, and scarcely reaching the brain. Our use of it is almost strictly confined to the more violent spasmodic and tetanic affections. *Phosphate of Strychnine* is valuable in rheumatic affections of the aged, with stiff and weak muscles, and a tendency to painful Cramps.

70.—**Opium**—*Papaver Somniferum*—*Poppy.*

The Poppy, and preparations from it, have been used for medical purposes from the remotest antiquity. The *Opium* we use is obtained from Turkey and Egypt. Opium-smoking and eating, when once the habit is formed, soon becomes an all-absorbing passion. The late Dr. Bayes said that when he resided on the borders of Lincolnshire, he saw a great deal of the opium-eating and laudanum-drinking which was carried on there. "The chemists in those districts sell immense quantities of Opium, in its crude state, every market day, rolled into little sticks, in pennyworths and two-pennyworths. I have seen fen-farmers who were in the habit of buying *Laudanum* by the half-pint or even more, every visit to their market-town. The habit is first commenced to allay the feeling of extreme lowness of spirits and bodily depression which affects the ague-stricken where Intermittent fever is fully developed." A cachectic state of the body, and derangement of most of its functions, is generally noticed in those who habitually use the drug, "and in them the slightest scratch often degenerates into a foul and ill-conditioned Ulcer."

Besides its prejudicial use by adults, we would strongly condemn its employment, in the form of *Paregoric* and *Laudanum*, as a means of quieting young children, in whom it produces most injurious, and very often fatal, results ; its use in such instances is, moreover, wholly inexcusable now that Homœopathy has introduced *Acon.*, *Bell.*, *Cham.*, *Coff.*, etc., as safe and potent means of removing, not *stifling*, the conditions which give rise to infantile troubles.

LEADING USES.—Heaviness with Headache, and great sleeplessness after meals in apoplectic patients ; chronic Constipation, or torpidity of the bowels.

NERVOUS SYSTEM.—*Apoplexy*, with slow, full pulse, stertorous-breathing; certain cases of *Delirium tremens* ; *Convulsions* of children from *fright* ; "acute Fevers characterized by a sopor bordering upon stupor, and by absence of any complaint ; snoring with the mouth open open, half-jerking of the limbs, and burning heat of the perspiring body" (*Hahnemann*); Typhus, with partial Suppression of urine, and sleepiness; unconquerable *drowsiness*, followed by *Sleeplessness*, Headache, listlessness, chilliness, etc.; stupefying, unrefreshing sleep, with snoring, half-open eyes, stertorous, irregular breathing; *Coma*, with great difficulty in arousing the patient (when slight, *Bell.* is useful); *Headache*, with heaviness, throbbing of the arteries, redness of the face, sleepiness after meals, with *contraction* of the pupils, especially in persons predisposed to Apoplexy, or who drink alcoholic liquors largely.

DIGESTIVE SYSTEM.—Dyspepsia of drunkards, whose digestive organs seem to have lost all tone; *obstinate Constipation*, from utter torpidity and inaction of the intestines, and "when little or no inconvenience is felt from the want of action;" *Lead-colic* and Constipation; Incarcerated Hernia.

URINARY SYSTEM.—Paralytic retention of urine, especially in young children and aged persons.

SKIN.—Sudden retrocession of acute eruptions, accompanied by brain-symptoms characteristic of the drug.

SPECIAL CHARACTERISTICS.—*Torpidity* or *inactivity* stamps the whole system, both mental and physical; medicines indicated seem to be inert till *Opium* has aroused the dormant energies.

71.—Phosphorus—*Phosphorus.*

Phosphorus is an irritant poison, as its effects on persons employed in lucifer match manufactories sufficiently prove; it often causes Necrosis of the lower jaw; Gumboils; falling out of the teeth; shrinking of the gums, so that the diseased jaw is seen. When the inflammation extends, the result is not unfrequently fatal.

LEADING USES.—*Organic disease of the liver*; *Inflammation of the lungs;* Jaundice in Yellow and other fevers, with black vomit; *Fatty degeneration* of the heart, liver, muscles, etc.; adynamic fevers, with prostration, hiccough, cold extremities, clammy sweats in the face and emaciation; typhoid conditions in various diseases, with parched and cracked, or blackish glazed tongue; consequences of sexual excesses; Marasmus; disease of bone; Hectic fever.

SPECIAL CHARACTERISTICS.—A pale, sickly, sallow, or bloated appearance of the face, prostration of the nervous system, pains in the joints, tendency to lung disease, quiet lowness of spirits, and gradual wasting.

NERVOUS SYSTEM.—Neuralgia; even severe and otherwise intractable cases are generally benefited by it. Functional Paralysis and Epilepsy, from debilitating causes, sexual excesses, want, etc.; progressive Spinal Paralysis, the brain being undisturbed; Hemiplegia in aged persons, with creepings in the paralysed parts; thick urine; weakness of children who are late in walking; Marasmus, trembling, general debility, and depression of spirits.

HEAD, EYES, EARS, ETC.—Hemicrania, with swelling, inflammation, and intense painfulness of the affected part; chronic Conjunctivitis; Amaurosis, with lancinating pains through the eye-balls, and deep-seated pains in the orbits; Deafness in tuberculous females and children, with humming, whizzing noises in the ears, dryness, and occasional oozing of greenish mucus; chronic Catarrh; with inflammation of the nose, and fœtid discharge of greenish mucus.

Respiratory System.—Cough, with general irritation in the chest; hacking, wasting Cough, with expectoration of rusty-coloured or greenish, and sometimes, fœtid sputa; Cough and chest-troubles, with similar symptoms, occurring in, or following Enteric, Typhus, and other fevers; sense of heat or sharp pain during inspiration; chronic Cough, with tough reddish-brown expectoration; chronic Bronchitis, with much constitutional disturbance, soreness of the air-passages, frothy and bloody or purulent expectoration, emaciation, Septic temperature, etc.; Lobar Pneumonia, or Pneumonia of Enteric fever, the cough causing soreness, expectoration of mucus and blood; Broncho-Pneumonia (*Ant.-Tart.*); Pleuro-Pneumonia (*Bry.*); Phthisis Pulmonalis, in the early stage, also during the course of the disease; it relieves Congestion, quiets the Cough, moderates Diarrhœa, etc.

Digestive System.—*Decay of teeth* in the lower jaw; especially when the caries extend to, or arise from, the jaw itself, with inflammation of the gums; *tendency to gumboils;* irregularities of teething in the lower jaw, especially in tubercular children with chronic Diarrhœa, tendency to Mesenteric disease; Cardialgia, with frequent Vomiting, sense of heat in the stomach; Diarrhœa, with straining; hunger, with emaciation, white-coated tongue, etc,; desire for cold drinks, which are frequently vomited some time later; impaired digestion from sexual excesses, with great weakness; Gastro-enteris and disease of the stomach, ulceration, etc., involving emaciation of the patient; chronic Diarrhœa, watery or colliquative, in nervous patients and children; mild Diarrhœa of Phthisis; *diseases of the liver* in which the functions of the organ are suspended: Cirrhosis, obstructive Jaundice, acute Atrophy of the liver,* etc.; malignant Jaundice, burning distress in the stomach, black vomit; acute fatty degeneration of the liver;* chronic Jaundice.

URINARY SYSTEM.—Thick, turbid and scanty urine in typhoid conditions; high-coloured and frothy urine; Bacilluria; Albuminuria; Nephritis.

GENERATIVE SYSTEM.—Spermatorrhœa, emissions weakening the patient; erections with too speedy emissions; Impotence; Satyriasis. Amenorrhœa or scanty menses with pale, sallow, waxy-looking complexion, and strumous constitution; chronic Inflammation of the breasts, with fistulous openings.

OSSEOUS SYSTEM.—The well-known action of Phosphorous in causing necrosis of bone is utilized by homœopathists in cases where active necrosis exists from other causes, in Rickets and in bony tumours. The combination of Phosphorus with Calcarea—*Calcarea phosphorica*—is especially useful where the growth of children is defective and where teeth are slow in coming through.

SKIN.—Diseases of the skin in the neighbourhood of the lower jaw; fistulous Ulcers, with fever; Chilblains, from which a fœtid watery secretion exudes, in tubercular females.

72.—Phytolacca Decandra—*Poke-weed.*

Poke-weed is another of the American remedies. The roots, leaves, and berries are the parts used in medicine.

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* It is now well known that a condition of fatty atrophy or degeneration of the liver is produced by poisoning by *Phosphorus.* "It is most remarkable that in a very short space of time, a few hours or days," writes Dr. Habershon, "not only is Jaundice produced, but the liver-cells become loaded with oil-globules." This remarkable action from Phosphorus *poisoning* so well known to our allopathic brethren, is happily equalled by its *curative* effects in fatty degeneration of the iver and Jaundice, now so well attested by the homœopathic profession.

LEADING USES.—Affections of the throat; Abscess, Fistula, and irritability of the mammary gland; chronic Rheumatism. There is a remarkable similarity beween the effects of *Phytolacca* and *Kali Hydriodicum, Mercurius* and *Mezereum.*

HEAD, NOSE, ETC.—*Dull, heavy Headache* in the *forehead,* vertex and occiput, with yawning; syphilitic headache; acute Coryza; Ozæna and syphilitic Ulceration of the nose.

RESPIRATORY SYSTEM.—*Hoarseness* and *Aphonia,* with great dryness and sense as of a lump in the throat; cough day and night, with feeling as of an ulcerated spot in the windpipe above the breast-bone; incipient catarrhal affections of the throat. In these, and diphtheritic affections, we have repeatedly found it of the greatest value administered as a wash or gargle—twenty-five drops of the tincture to a quarter of a pint of water. *Diphtheria,* and *diphtheritic inflammation* of the throat, commencing with roughness or rawness of the throat, choking sensation from swelling of the soft palate and tonsils, and fiery redness of the *velum palati. Phytolacca* is also very well indicated in sore throat, characterized by an eruption of white spots on the tonsils (Follicular Tonsillitis). This is frequently mistaken for diphtheria. For sore throat accompanying epidemic influenza, and for influenza itself, even the characteristic toothache, *Phytolacca* is often specific.

DIGESTIVE SYSTEM.—Mercurial ptyalism and pains in the teeth; Toothache, with inflammation of the gums and mouth; difficult Dentition; darkish red inflammation of the fauces, swelling of the tonsils, with superficial Ulcers, and thick white mucus; Scarlatina Anginosa, with glandular enlargements, ulcerated throat, hoarseness, etc. Vomiting, coming on very slowly, preceded by nausea, prostration, yawning, etc.; soreness and pain in the hypochondrium during pregnancy; *Constipation* in the aged, or in feeble persons, with weak, intermittent heart's action, and relaxed muscular frame; Ulceration of the rectum; Fissure and Prolapsus of the Anus, etc.

URINARY SYSTEM.—Urine diminished, afterwards increased, and becoming albuminous; Albuminuria, as in Scarlet Fever, Diphtheria, etc.

GENERATIVE SYSTEM.—Loss of sexual desire, relaxation of the genitals, and Impotence; obstinate Gonorrhœa and Gleet; secondary and tertiary Syphilis; nightly pains in the tibia, with Nodes. Metrorrhagia; excoriated or cracked nipples; Inflammation, swelling, hardness, or morbid sensitiveness of the breasts;* *Mammary abscess and fistulous openings of the breast;* morbid sensitiveness and tenderness of the breasts during menstruation or suckling. In Mammary Abscess, cracked nipples, etc., it should be used as a *lotion*, as well as administered internally.

SKIN, ETC. (*internal and external use*).—*Boils*, for which a professional correspondent states it to be specific; *chronic ulcers* and eruptions; Tinea Capitis; Whitlow, Felon, and chronic syphilitic cutaneous diseases.

RHEUMATIC AFFECTIONS. — *Chronic Rheumatism*, with heavy aching and coldness in the affected limb, the pain being worse in warmth and in damp weather, with co-existing glandular enlargements; joints swollen; tender, red, and shining, with extreme pain on movement, worse at night; Rheumatism of the hip-joint; Stiff-neck; Lumbago; and rheumatic and neuralgic affections of the lower extremities.

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* Poke-weed is in constant use in the dairies of America, to disperse "caking" or inflammatory enlargements of the udders, and to regulate abnormalities in the milk of cows; and it has been most successfully used in the cases of women, even after suppuration of the gland has set in and sinuses have formed.

73.—**Plantago**—*Plantago major.*

This is the common Plantain.

Leading Uses.—Plantain is a popular remedy for toothache in Switzerland, and homœopaths have proved that its reputation is not without good foundation. Given internally in the first centesimal potency it has cured many cases of toothache and earache. As a local application the ϕ tincture is of value in all kinds of neuralgia when painted on the painful part or along the course of the painful nerve.

74.—**Platina**—*Platinum oxide.*

After being purified, we make triturations of the substance.

Leading Uses.—Nervous affections, with depression, apprehensiveness, especially in women, associated with pelvic disease. Its most characteristic mental symptom is a self-centred condition that leads to contempt of the claims of others.

Nervous System.—*Depression of spirits and Melancholy* even to the fear of death, with anguish about the heart; Neuralgia with numbness; Hysteria; sleeplessness from nervous excitement; religious Melancholy. It is especially suited to dark-complexioned females of spare habit, liable to Neuralgic Headaches, and profuse or premature menstruation or watery Leucorrhœa. *Digestive System.*—Flatulence and Constipation. *Generative System.*—Chronic Congestion of the ovaries; Induration and Prolapsus of the womb; Condylomata;

Metrorrhagia, with sensation as of *something alive in the abdomen* (cf. *Crocus*).

75.—Plumbum—*Lead.*

We use the metal itself—*P. Metallicum ;* the Carbonate—*P. Carbonicum ;* or the Acetate—*P. Aceticum ;* their actions being similar.

LEADING USES.—*Chronic dull Headache,* with depressed spirits, weeping mood, tendency to Paralysis, and Constipation ; *blue margins on the gums,* with sponginess and shrinking as in some cases of *Phthisis ;* wasting of the body similar to that caused by lead-poisoning, with Palsy, Epilepsy, Neuralgia, or Anæsthesia ; Hyperæsthesia with Paralysis ; *Melancholy ; obstinate Constipation,* the fæces bring dry, *shaped like balls,* with spasmodic constriction of the sphincter ani ; *Colic,* relieved by pressure on the abdomen, with Constipation, like Lead-colic ; Granular degeneration of the Kidney.

*Lead colic** or *Painter's-colic* is best treated by *Opi.*, *Alum.*, or *Plat.*, according to the symptoms.

76.—Podophyllum Peltatum—*May Apple—Mandrake.*

This plant, of the genus *Mandragora,* has been supposed to be the same as that of which we read in the Scriptures as the mandrake. Its fruit, which is round and yellow, like a small orange, is very fragrant and luscious, and is eaten in the East by women desirous of offspring. Among the Cherokee Indians the root is used to expel worms ; and all Indian tribes are fond of the fruit. The tuberous root is the officinal portion.

LEADING USES.—This drug may also be regarded as a *polychrest*, for its range of action is very extensive. It very powerfully irritates the *Mucous tissues* and their *associated glands*, especially those of the digestive tract; it is therefore homœopathic to Enteritis, Gastritis, and occasionally to Bronchitis and Urethritis. In connection with the glandular system it is a close analogue of *Mercury, Iodine, Iris*, etc. "When taken up into the circulation, it is capable of causing irritation, inflammation, and even suppuration of almost any glandular organ or structure" (*Hale*).

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* See Section 164.

CIRCULATORY SYSTEM.—Slow, or scarcely perceptible pulse; chilliness, followed by fever and disturbed sleep. It is well adapted to a depressed state of the heart and arteries, and to a low tone of the vital energies of the whole system. Here it is similar to *Veratrum*.

FEVERS.—In Typhus and Enteric fevers it is often indicated. The drowsiness by day and the restlessness by night which attend "bilious attacks" and often precede various fevers, point to *Podophyllum*. In intermittents it is not of much value; though for febrile symptoms which tend to recur in the *morning*, and are therefore remittent in their character, it may be found useful.

DIGESTIVE SYSTEM.—The action on the mouth is specific and noteworthy. In toxic doses it produces *Salivation*; hence it is homœopathic to that condition even when it has been produced by the action of Mercury. It has also been known to cure nursing Sore-mouth, Canker in the mouth, etc. *The Liver*—Dr. Hale believes it to be a direct stimulant of the liver, and homœopathic to acute irritation, congestion, and inflammation of that organ, bilious Diarrhœa, and hepatic pains.

Podophyllum is indicated in the Diarrhœa which is accompanied by complete Jaundice, and that which *alternates* with Constipation; also where the stools, though natural, are too frequent. Colitis, Dysentery, especially with *Prolapsus Ani*, Choleraic Diarrhœa, Hæmorrhoids, and other inflammatory diseases of the intestinal tract, require this remedy.

Dr. Ringer recommends it in the obstinate Constipation which often follows an attack of Diarrhœa in hand-fed infants, when "the motions are very hard, crumble when broken, and of a clay colour, often mottled with green. The motions become natural in consistence and colour, the flatulent distension of the abdomen subsides, the child becomes quieter, and the health improves. Sir Andrew Clark valued it highly in Constipation, which it relieves safely, easily, naturally, and effectually. His experience shows the propriety of diminishing, not increasing, the dose.

GENITO-URINARY SYSTEM.—Primarily, it cures involuntary urination; secondarily, Suppression and scantiness of urine. *Prolapsus Uteri*, associated with the rectal symptoms for which the drug is homœopathic.

77.—Pulsatilla Nigricans—*Wind-flower—Meadow Anemone—Pasque-flower.*

This perennial flower is indigenous to elevated places in the greater part of Europe, where the soil is dry and sandy, and the situation exposed. It is called "windflower," because generally found in an exposed situation.

LEADING USES.—The main spheres of action of *Pulsatilla* are the *mucous membrane* of the *digestive canal*, the *sexual organs*, the *eyes* and *ears*; it also exercises great influence upon the *veins*.

SPECIAL CHARACTERISTICS.—*Puls.* is especially suited to the ailments of the female sex, and to persons of a gentle, good-naturedly mischievous disposition, easily excited to laughter, or weeping, having pale face, blue eyes, blond hair, freckles, and a tendency to Leucorrhœa or other kinds of discharge from mucous surfaces, with an inclination to a deposit of fat under the skin, and a tendency to shed tears when the patient is describing her sufferings. There is absence of thirst, frequent chilliness, and the pains are worse with warmth and during rest, but abate in the open air, or during moderate exercise.

RHEUMATISM.—Here it is mainly indicated when the symptoms are sub-acute, with swelling of the affected (chiefly the small) joints, and but little inflammatory redness, and when the pains wander from one part to another, with the characteristic Dyspepsia; Rheumatoid Arthritis in women, with irregularities of menstruation.

MEASLES, ETC.—In *Measles, Chicken-pox, Remittent fever* (also *Gels.*), and other diseases of children, it helps to clean the tongue, moderate Catarrh, and checks Diarrhœa. In uncomplicated *Measles* it is almost a specific, and is equally valuable after the fever has been modified by *Aconite*. *Puls.* is also preventive of Measles, or administered during the disease, it tends to prevent sequelæ.

HEAD.—Gastric Headache, from rich, fatty, indigestible food, severe pain on one side behind the ear, as if a nail were driven in; Headache on the left side; nervous or sick headache (also *Iris*), particularly in hysteric females, or connected with the menses; Hysteria, or dejection of spirits, from milk and menstrual suppression.

EYES, EARS, ETC.—*Styes;* sub-acute inflammation of the lining membrane of the eyelids, with profuse lachrymation, agglutination, etc., in persons of the temperament described; Conjunctivitis following Measles; twitching of the eyelids, with dazzling of the sight; weak eyes from local rather than from constitutional disorders. Earache of children, with passive purulent discharge; noises in the ear or recent deafness, following Catarrh or Measles. Lost or perverted smell.

CIRCULATORY SYSTEM.—Varicose veins of the legs (also *Ham.*) and embarrassed venous circulation generally, especially in females, and when caused by pressure from pregnancy; Phlebitis in the leg; embarrassed venous circulation in the hands (internal and external use).

RESPIRATORY SYSTEM.—Catarrhal affections of the air-passages, with loss of taste or smell; excessive expectoration of mucus in old cases of Bronchitis; "mild Hæmoptysis in Bronchitis, marked by expectoration of mucus having a fœtid taste and smell;" bronchial relaxation after Whooping-cough.

DIGESTIVE SYSTEM.—Viscid, whitish mucus, thickly covering the tongue; bitter, sour, or foul taste, diminished or altered taste, with the *Puls.* characteristics. Dyspepsia, Colic, or Diarrhœa from the use of pork, pastry, or other fat, rich diet; eructations tasting of food; Vomiting of mucus or bile; Heartburn; a feeling of distension after a meal, necessitating the loosening of the dress, passive venous congestion of the abdomen. Mucous Diarrhœa with sensitiveness of the abdomen, especially from rich, indigestible food, or occurring at night.

GENITO-URINARY SYSTEM.—Chronic Catarrh of the bladder; difficulty of passing water during pregnancy.

Orchitis; Prostatitis (also *Thuja*); Hydrocele, etc. *Pains in the left side* (see also *Cimicifuga*) in females, between the hip and the lower margin of the ribs, or a little above, associated with some derangement of the monthly period; passive Congestion of the uterus; uterine irregularities—delayed, suppressed, pale, or watery menses; passive, milky Leucorrhœa; false, delayed, or deficient labour-pains (*Secale*); retained *placenta*; excessive after-pains; Suppression of the lochia; painful tension of the breasts, and a deficient secretion of milk. Administered some time previously to labour, it facilitates that process (see also *Caulophyllum*). We have for some years prescribed this or some other remedy, according to the nature of each case, during the latter months of pregnancy with the happiest results, and have had too many evidences of its value to admit of the supposition that they were mere coincidences.

SKIN.—Itching or burning of the skin, with nervous or menstrual disorders; eruption resembling that of Measles; varicose, readily-bleeding Ulcers.

78.—Rhus Toxicodendron—*Poison-oak—Sumach.*

This shrub is indigenous to North America and some other parts of the world; it abounds on the borders of rivers, or in marshy districts, growing very tall in a congenial soil. We make a tincture from the leaves. Fresh preparations are best, as the tincture deteriorates by long keeping.

LEADING USES.—Rheumatic complaints, skin affections, and strains of the joints, or of the membranes investing the joints. An interesting case of poisoning by *Rhus* in a man who went to gather the shoots for a homœopathic chemist in Scotland, with a remarkably corresponding case of cure by the same drug, will be found in the *Homœopathic World*, vol. iv., p. 149.

RHEUMATISM.—Sub-acute and *Chronic Rheumatism* and *Lumbago, Rheumatic Sciatica,* and *rheumatic stiffness* and *lameness* ; chiefly from getting wet, or taking cold when the body is in a state of perspiration or excitement. Its action is chiefly expended upon the tendons, fasciæ, sheaths of nerves, etc. Hughes thinks it does not control the rheumatic affections of the synovial membranes, but only those of the ligaments external to the capsules of the joints ; also that it does not act upon the nerves themselves, but upon their fibrous sheaths. The indications for the use of *Rhus* in this class of diseases, as also in *Strains,* are—*Increase of pain during rest,* at night when warm in bed, on *first moving* the parts, and on *waking up* in the morning ; *the pains are relieved* by continued gentle movement, flexion of the limbs, and dry heat. Indeed, these indications are valid in some other conditions, not rheumatic ; and some physicians give *Rhus* in any affection in which these symptoms are present. Moreover, the *right side* of the body is chiefly acted upon by *Rhus.* Symptoms go from left to right.

PARALYTIC AFFECTIONS.—*Paralysis* of a *rheumatic* character, with sprain-like pains in the joints and occasional sensations of numbness ; paralysis of the lower limbs—in young persons and children from cold—sitting on cold stones, standing in the wet, etc. —with great pain in the paralyzed parts ; Paralysis of the feet, as from a fall on the back.

FEVERS.—In Enteric fever, Influenza, etc., *Baptisia* is more often indicated at the beginning than *Rhus ;* but when rheumatic symptoms develop themselves during Enteric, Scarlet, or other fevers, *Rhus* is a prime remedy; also when the fever patient is continually moving himself for change of posture as a means of relieving the aching of his back and limbs.

HEAD, EYES, ETC.—Hemicrania, with burning pains and swelling of the head and face, in patients who suffer with Arthritis. Conjunctivitis in the weakly and tuberculous, with burning pains in the eyes, great lachrymation, intolerance of light, swelling and inflammation of the lids. *Vesicular Erysipelas* of the nose and face.

RESPIRATORY SYSTEM.—Cough, as in the bronchial Cough of old persons, coming on when first waking or on first moving about, accompanied by the expectoration of small plugs of tough mucus.

DIGESTIVE SYSTEM.—Dyspepsia, with a flow of water, dryness of the mouth, capricious or lost appetite, pressure in the stomach, and sense as if it were swollen; Diarrhœa of a typhoid character, or Diarrhœa ushering in or accompanying the early stage of fever, the evacuations being mixed with jelly-like mucus, blood, etc.

SKIN.—*Vesicular Erysipelas*, and Erythema, with much burning and itching; for these affections *Rhus* is one of the *best* remedies; *Shingles* (Herpes Zoster); Eczema, especially of the palms of the hands; Erythema Nodosum; Tinea Capitis, with fœtid yellow matter under the scabs; superficial Burns. In susceptible persons, contact with the shrub produces a erythematous and vesicular eruption, with itching and burning going on to more severe results.

EXTERNAL USE.—(See formulæ following the "Clinical Directory"). *Rhus* is an efficacious remedy as an external application in Sprains, injuries to ligaments, tendons, etc., especially when the indications above pointed out are present. The injuries generally arise from mis-steps, twists, efforts made in an unusual posture, etc. It bears the same relation to a strain, that *Arn.* does to a bruise. Extensive *superficial Burns,* the *Stings* of insects, old chilblains, and sometimes Warts, are relieved or cured by the use of *Rhus,* given internally and used externally. In skin diseases, intolerable *burning and itching* are special indications for its use.

79.—Ruta Graveolens—*Garden-rue.*

Leading Uses.—Rheumatism, and Strains of the *wrist* and *ankle; bruised* pains in the bones, joints, and cartilages, worse during rest; laming pain in the *tendo-achillis; Ganglion; Bunion. Eyes.—Weakness of sight from over-exertion of the eyes,* as in reading or sewing. *Digestive System.*—Aching, gnawing Gastralgia; Worms in children, with vomiting and Colic. It has a marked action on the rectum and should be remembered in cases of inoperable cancer of that region. *Generative Organs.*—Menorrhagia, with hysteric spasms and head symptoms.

External Use.—As a lotion to *bruises* instead of *Arnica,* when the latter remedy produces Erysipelas in the patient, and when the Contusion is more of *bone* than of soft parts. It also assists in the uniting of fracture when that process goes on tardily.

80.—Sabina—*Savin.*

We prepare a tincture, using rectified spirit, from the fresh leaves and points of shoots of cultivated plants.

Leading Uses.—In *Menorrhagia* we prescribe this drug with great confidence, when the discharge is *bright* red; also to check profuse Hæmorrhage after parturition or miscarriage. In these cases, the occurrence of bladder or rectal irritation is an additional indication for *Sabina.* Even in threatened miscarriage, in the third or fourth month, with heat and soreness, this remedy is often successful. The drug is also given in *Leucorrhœa* and for *Dysuria.*

Further, *Sabina* is sometimes prescribed for recent rheumatic or neuralgic pains, and Osteo-arthritis, and also for growths resulting from Gonorrhœa.

Sabina and Crocus.—The hæmorrhages curable by these remedies differ in their colour and consistence; those of the former are *bright red* and *fluid,* but those of the latter are *dark* and *clotted.*

81.—Sanguinaria Canadensis—*Blood-root.*

Sanguinaria belongs to the poppy tribe, and is thus related to *Opium.*

Leading Uses.—It is one of the leading remedies in headaches, and also in affections of the respiratory organs.

Nervous System.—The type of headache is one which begins at the back of the head, and comes forward and settles over the right eye. Another type is the periodical sick-headache, beginning in the morning, increasing during the day, and lasting till evening. The head feels as if it must burst, or as if the eyes would be forced out.

Respiratory Organs.—Fluent Coryza, frequent sneezing, worse right side. Nasal polypi. Hay fever. Short, difficult breathing. Cough caused by tickling in throat-pit, or tickling in stomach. Sputum difficult to raise, thick, rust-coloured. Pneumonic Influenza.

CHEST.—*Sanguinaria* has relieved and even now and then appeared to cure cases of mammary tumour and mammary cancer, especially of the right side.

LOCOMOTORY SYSTEM.—*Sanguinaria* relieves many rheumatic pains, especially of the right side. Pain in the right shoulder especially indicates it.

82.—**Secale Cornutum**—*Ergot—Ergot of Rye—Spurred Rye.*

A tincture is prepared from the freshly-gathered Ergot collected before the rye is harvested.

LEADING USES.—*Secale* is prescribed especially in *Menstrual Colic* and *Dysmenorrhœa,** with labour-like pains in the back, pressure on the bladder, etc.; preceding the discharge; *Miscarriage; Spasmodic* labour pains, and exhausting, unremitting after-pains. *Caulophyllum* influences the uterus in a manner similar to *Secale.*

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* SECALE IN DYSMENORRHŒA.—

The annexed case from the author's note-book shows the conditions in which *Secale* may be prescribed with excellent results:—

Mrs. E., æt. 47, consulted me for painful and profuse monthly period. She describes the pains as labour-like and agonizing, just as the menses are coming on; the discharge is pale at first, and comes away in little pieces, which cause real agony; afterwards it is dark and passes freely; but at present it is green and fœtid. Often she has, Leucorrhœa just before the monthly discharge, and this seems to weaken her more than menstruation. She also has a painful swollen vein in the calf of the leg, which begins to enlarge a week before, and at the period is as large as an egg, quite black, and excessively painful. Prescribed

Secale ϕ, guttæ xx. aq. ℥. iv.

A dessertspoonful of the mixture thrice daily.

In a few days she reported entire cessation of the pain under the use of the remedy; the painful swelling of the calf subsided, and her digestion, appetite, etc., correspondingly improved.

She continued under treatment for several months, but had no return of the painful symptoms.

Secale was the only remedy prescribed except *Nux V.*, which was given for co-existing dyspeptic symptoms.

Dr. E. M. Hale makes the following statements respecting the action of the drug :—

" 1. *Secale has no curative action with which we are yet acquainted upon the virgin uterus, or upon the uterus undeveloped by normal or abnormal processes. But whenever the uterine muscular fibre is normally or abnormally hypertrophied, then may Secale be indicated.*

" 2. *The primary action of Secale on the healthy uterus is to induce a condition of congestion, and so irritate the muscular tissue and its nervous supply, as to cause that tissue to become abnormally developed.*"

And the diseases simulated are, merely, " acute and recent irritations of the uterus occurring in previously healthy persons, but of a constitutionally lax and irritable temperament ; Hæmorrhage of bright red blood, generally clotted, flowing intermittently, with heavy, passive and remittent, or spasmodic, expulsive and intermittent pain. The pulse is hard and quick ; there is Headache and fulness in the head. The uterus is always *larger than natural,* its tissues hypertrophied, but *not* relaxed or flabby."

" 3. *The secondary action of Secale is a condition of passive Congestion, passive Hæmorrhage, a cachectic or atonic condition, and a paralysis of the motor and sensory nerves of the uterus.* It is indicated when Hæmorrhage occurs in feeble, cachectic women, made so from some dyscrasia of the system. There may be general coldness while the patient feels warm, and does not wish to be covered. The pulse indicates feverishness ; the Hæmorrhage is passive, dark-coloured, and continuous, seldom clotted, sometimes offensive, and the slightest motion aggravates the flow. Cramps in the legs, jerking in the muscles, and melancholic depression."

83.—**Sepia Succus**—*Inky Juice of the Cuttle-fish.*

The Sepiæ are mollusca of the seas. In the abdominal cavity is a sac containing a dark-brown juicy substance, with which the animal darkens the water to elude an enemy, or to capture prey. This liquid, dried, is inert when crude; but powerful properties are developed by trituration.

LEADING USES.—*Chronic* functional diseases of women.

Head.—Periodic congestive Headache, with sticking, heavy pain, and sometimes nausea, and Vomiting; Hysteria; flushes of heat. *Respiratory System.*—Cough, with greyish-white and salty expectoration; some catarrhal affections of the air-tubes. *Digestive System.*—Constipation, prolapsus and hæmorrhoidal fulness, associated with uterine derangements. *Generative System.*—*Scanty Menstruation, Leucorrhœa,* and Menorrhagia, from venous congestion; *Amenorrhœa,* with gastric derangement, weariness, and Palpitation; Retroversion, etc., of the uterus; subacute stage of Gonorrhœa in females. *Skin.*—Itching pimples, producing a roughness and cracking of the skin, principally affecting the joints; perspiration under the arms and on the soles of the feet, having a peculiar smell in nervous women; Ringworm.

CHARACTERISTICS.—*Sepia* is best adapted to anæmic and cachectic women of delicate organisation, torpid functional action, who are liable to skin-affections, are sensitive to cold air, apt to be chilly, suffer from uterine derangement, mental depression and physical exhaustion, are of mild disposition, and inclined to melancholy and tears, but rendered worse by attempts at consolation and consequently apt to take a dislike to relatives and friends. There is generally an aggravation of symptoms in the morning on getting up.

84.—Silicea—*Siliceous Earth—Flint.*

Silicea is insoluble in water, acids, and nearly all liquids; hence it is of no service to the physician till trituration has developed its great latent curative virtues.

LEADING USES.—Disorders, generally chronic and organic rather than functional, affecting the cellular, mucous, lymphatic and osseous systems. In its influence over suppuration—promoting when necessary, and controlling when excessive—*Silicea* is probably second to no other remedy. Teste thinks it is especially suited to fat persons, of a lymphatic-sanguine temperament.

General System. Sweat about the head only, and general tenderness of the surface—symptom of *Rickets;* Hahnemann mentions sweat about the head as an indication for the drug. Phthisis Pulmonalis and Chronic Bronchitis, with very profuse expectoration, Hectic fever, etc. *Digestive System.*—Decay of the teeth, and Toothache from that source, the pain being increased by warm food, and by inhalation of cold air, and most violent at night. *Glandular System.*—Cachectic conditions in which the glands not only enlarge, but go on to slow, *torpid suppuration.* *Osseous System.*—Caries and exfoliation of bone; Tabes Dorsalis. *Cellular System.*—Enlargement and *White-swelling* of joints; Enchondroma; Ganglia; Housemaid's knee (also *Ruta*) *Whitlow* (probably the best remedy); *Tuberculous Abscesses* and *Ulcers,* spongy and readily bleeding, or torpid with callous edges, and secreting unhealthy pus. *Skin.*—

Eruptions from a *diseased condition of the sebaceous follicles,* characterized by a secretion of yellowish lymph, forming incrustations; Impetigo; suppressed, or excessive, *perspiration of feet,* etc. The drug appears to cause a leucocytosis or increase in the number of white blood corpuscles, and may increase body resistance to disease in this way.

85.—Spigelia Anthelmia—*Animal Worm-Grass—Pink-root.*

This plant is a native of the West Indies and South America. We make a tincture of the dried herb.

LEADING USES.—Rheumatic affections of the heart; neuralgic Headache, involving the eyes and teeth; and some worm-affections.

Eyes.—Severe pain in and around the eyes, extending deep into the socket, with great sensitiveness to light; severe Photophobia from ciliary nervous irritation; Conjunctivitis and Iritis in children of a strumous diathesis. *Face, Teeth, etc.*—Darting, stabbing, or lacerating pains in the face, with similar pains in the heart. *Toothache* or *Faceache with palpitation*; similar pains down the arms; neuralgic Hemicrania, the pain being increased by motion, noise, and stooping; neuralgia of the *trigemini* in cold, damp weather. *Circulatory System.*—Heart disease,* either simple, or as a complication of acute articular Rheumatism; chronic rheumatic affections of the heart, with violent action of the heart, irregular pulse; Angina Pectoris. *Digestive*

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* In a case of Heart Disease which occurred some time ago in our own practice, the patient being an old man who was intensely Rheumatic, *Spigelia* acted with marvellous rapidity and curative power, after recovery had been despaired of. The violent "thumping," painful oppression, Dyspnœa, etc., declined most satisfactorily, and the patient, a Bath-chair man, was enabled to follow his usual outdoor occupation.

System.—*Worm-affections,* with Vertigo, forgetfulness, depressed spirits, Palpitation, *pinching* Colic, itching at the anus, Enuresis, and lassitude.

86.—Spongia Marina Tosta—*Roasted Sponge.*

This medicinal product is obtained by roasting the best Turkey Sponge. *Iodine* is a considerable ingredient in the composition of *Spongia ;* nevertheless, the two remedies may not be used indiscriminately ; for the former has a much wider range of action.

Leading Uses.—Affections of the larynx, trachea, testes, and ovaries. *Respiratory System.*—Dryness of the larynx ; with dry, *hard, barking Cough,* worse at night, and excited by a tickling and burning sensation ; *Hoarseness,* with dry Cough, and obstructed breathing ; *Laryngitis ;* laryngeal Phthisis ; *catarrhal Croup* (in alternation with *Acon.*) ; painful, dry, hoarse, and Croupy Cough, such as frequently precedes, or follows Croup ; Bronchocele, and *goitrous enlargements* in children and young girls not requiring *Iodium. Generative System.*—Orchitis, the swelling being painful, and aching much, especially when unsupported ; Menorrhagia in weakly women, etc.

87.—Staphisagria—*Stave's-acre*—*Palmated Larkspur.*

We make a tincture from the seed of this plant.

Leading Uses.—*Nervous System.*—Nervous Headache, with constrictive, boring, or pressive pains in the forehead, and acute stitches in the temples ; Neuralgia of the face and forehead, on both sides ; neuralgic pains of the shoulder-joints and arms. *Eyes.*—Smarting pains in the eyes, coming on in the evening ; some ophthalmic conditions ; Stye, to prevent recurrence.

Digestive System.—*Toothache from decayed teeth* or stumps, aggravated by cold air, cold drinks, or eating; the teeth rapidly decay, become black, exfoliate, and the gums easily bleed; *Genito-Urinary System.*—Irritability and Catarrh of the bladder; *Nocturnal Emissions* with sexual excitement; drawing sensation in the spermatic cord, and aching pain in the testes from walking; Impotence.

Staphisagria is useful in cases of violent outbursts of temper; or where patients suffer ill-effects from restrained temper. It is also a powerful vulnerary as in cases after cutting operations.

88.—Stramonium—*Thorn Apple.*

A dark greenish-brown tincture is made from the fresh plant when in flower and fruit, or a yellowish one from the seeds.

LEADING USES.—Affections of the brain and nervous system. It resembles the action of *Bell.*, but while the Congestion to the head is less, the Delirium is more ferocious.

Nervous System.—Dementia, especially of drunkards and epileptics; acute Mania, and Delirium tremens. It frequently removes the raving excitement, induces sleep, from which the patients awake quite rational. In Epilepsy and Chorea it is one of the best vegetable medicines, but often requires, in chronic cases, to be supplemented by one of the mineral remedies—*Zinc.*, *Cup.*, etc. Chorea. Stammering and stuttering, local forms of Chorea, may, according to Teste, be greatly benefited by a prolonged use of *Stram. Respiratory System.*—Spasmodic Asthma. For this affection *Stramonium* has been principally used in the form of smoke by old school practitioners. In this way it has a palliative action during the attacks. *Generative System,* Nymphomania; and Puerperal Mania.

89.—**Sulphur**—*Sulphur—Brimstone.*

Sulphur is a constituent element of various organic substances, as the albumen of eggs, etc.; it is found in some plants, but most abundantly in minerals and mineral waters. The substance is of a pale yellow colour, is insipid, inodorous, insoluble in water, slightly soluble in alcohol, but more freely soluble in ether. We make a trituration from the washed *Flowers of Sulphur;* also an alcoholic tincture which contains about one per cent. of the drug.

LEADING USES.—*Diseases of the skin and mucous membranes,* especially when such diseases depend on chronic disorders of metabolism or profound poisons such as tubercle; febrile diseases such as Small-pox, Measles, Scarlet fever, when the exanthem does not readily appear*; ill health of children and others, of which the cause is obscure, especially where associated with alternate Constipation and fœtid Diarrhœa.

Sulphur is very valuable (1) in *commencing the treatment* of many *chronic diseases;* (2) as an *intercurrent remedy,* during a course of treatment, as tubercular diseases of the joints, chronic Hydrocephalus, glandular enlargements, chronic Gout and Rheumatism, Phthisis, etc.; (3) when the organism fails to respond to the action of other remedies which are homœopathic to the condition; a dose or two of *Sulphur* will often arouse the dormant energies, and render the system susceptible to the medicines indicated ; and (4) *after acute disease* in any organ. "When the part is left gorged with venous blood, and the arterial blood has not recovered its due balance, *Sulphur completes the cure.*" In all deep-seated chronic maladies it is of essential service either as the main remedy, or as an adjunct to others. It is best given for these purposes in single doses at considerable intervals. If given too continuously it ceases to do good and may delay recovery.

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* On this point Dr. Nankivell thus writes us:—"It is most valuable when the exanthem does not readily appear; I have noticed its brilliant effects in the incipient stage of Small-pox, when the head was severely affected with intense pain, and in a state threatening Coma."

NERVOUS SYSTEM.—Neuralgic shooting pains, chronic Headache, trembling, weakness, rigidity of the joints, etc.—arising from repelled cutaneous disease ; hot flushes down the spinal column ; Nightmare with Palpitation, in cachectic persons, etc.

HEAD.—Chronic Headache, with Congestion—aching fulness, and Vertigo. The Harrogate waters, if drunk injudiciously, are said to be capable of bringing on Apoplexy ; hence the homœopathicity of *Sulphur* to some cases of chronic congestive Headache. The plethora characteristic of *Sulphur* is essentially a venous plethora. Chronic Hydrocephalus.

EYES.—*Tubercular Ophthalmia,* with superficial Corneitis, the pinkish zone well marked around the edge of the cornea, and Photophobia (*Merc.*, *Spig.*)—*Angell,* Scurfiness of the eyelids ; Stye ; chronic sore eyelids, with itching and smarting, in unhealthy persons.

EARS.—Sores behind and about the ears, with itching ; partial deafness, with roaring noises, and sweating or moisture and frequent itching in the ears.

FACE AND NOSE.—Pimples on the face—*Acne* (int. and ext. use). Erysipelatoid and chronic Inflammation of the nose, with swelling and illusions of smell.

CIRCULATORY SYSTEM.—Increased pulsation of the aorta from the heart to the clavicle, with purring noise; when lying on the back, pulsations are felt in the abdominal aorta; abnormal irritability of the heart, with Palpitation, as in hysteric patients of an unhealthy constitution.

RESPIRATORY SYSTEM.—*Catarrh* with confusion of the head, weariness and prostration of the limbs; Catarrh of Measles, etc.; *chronic Catarrh*, and tendency thereto, attacks occurring from the least exposure to unfavourable change of weather, with sneezing, soreness of the nose, hoarseness, tightness of the chest, and acrid, mucous discharge from the nostrils; chronic paroxysmal Cough at night, with expectoration of thick phlegm, excited by tickling in the larynx; oppression and anxiety in the chest, with aching, sore spots, dull stitches, and weight and pressure in the chest; *Consumption* in patients with rough, unhealthy skin, or having itching vesicles; *excessive* and *foul-smelling* purulent *expectoration* (see Acidum Sulphurosum); mild *Hæmoptysis* in Bronchitis, with fœtid expectoration (also *Acid. Carbol.*); chronic Hæmoptysis and *chronic Pneumonia*, in phthisical persons; plastic Pleurisy; chronic Asthma, alternating with eruptions on the skin, etc. In tuberculosis of the lungs, *Sulphur* must be used with caution. It will generally bring about a reaction towards recovery, but if the disease is extensive and the reaction fails to be effective, then the ultimate effect may be a hastening of the disease process. On the other hand, in early cases it is often of the greatest service; but high potencies should be used with great caution.

DIGESTIVE SYSTEM.—Soreness, swelling, and cracks of the lips and corners of the mouth; watery excrescences on the lower lip; sour, bitter, and clammy taste, with yellow coating on the tongue ; painful swelling of the tongue ; Heartburn, sense of weight in the stomach, weariness after eating, and other symptoms of *chronic Indigestion* in weakly persons ; in the obstinate Vomiting of hysteric girls, Dr. Nankivell informs us that he has found *Sulphur* (30th potency) often very useful ; *Chronic Constipation,* either with or without Piles, the fæces being hard, dry, dark, expelled with straining, and sometimes streaked with blood ; Diarrhœa—fœtid, watery, with fœtid flatulence, and alternating with Constipation, in the tubercular, or from enlargement of the mesenteric glands ; *Ascarides,* with itching and burning of the anus, in unhealthy children ; bearing-down pain about the anus, and *Piles* dependent on abdominal plethora, with burning at the anus and tenesmus ; *soreness, excoriation, itching,* or *exudation, about the anus ; bleeding-Piles,* with hæmorrhage of *dark venous blood,* and Constipation. In all these conditions *Nux Vom.* follows *Sulphur* well.

URINARY SYSTEM.—Frequent desire to pass water during the day, and Enuresis at night (Compare *Ferrum*), in weakly children.

GENERATIVE SYSTEM.—Weakness of the sexual organs, with excitement and swelling, in the scrofulous. Profuse black, clotted, and gluey menstrual discharge ; slimy, yellowish Leucorrhœa, constitutional tendency to Prolapsus, Miscarriage, ulceration of the breasts, or sore breasts and nipples.

RHEUMATIC AND GOUTY AFFECTIONS.—Chronic *Gouty* (atonic) *and Rheumatic affections,* with drawing, tearing, or boring pains, or pains as if the parts were sprained, and *itching about the painful parts ;* tensive pains in the joints and muscles ; rheumatoid pains, waking the patient early, and preventing sleep again ;

Chronic Lumbago and Sciatica, in persons who suffer from Constipation, Piles, or Varicose Veins.

SKIN.—*Scabies, Acne,* Herpes, and ringworm (int. and ext. use); *recent Prurigo;* Eczema; Intertrigo, and *general eruptions in unhealthy children;* chronic erysipelatous inflammation of the skin on various parts —the arms, legs, etc.—with burning and itching, and desquamation; *Boils** and *Whitlows,* in persons in whom they are apt to recur; chronic Ulcers, tubercular or varicose, with much burning and itching, and discharge of fœtid pus; *Corns* and *warts* which tend to inflame; icy coldness of the feet, with burning of the face and hands.

CHARACTERISTICS.—*Sulphur* is pre-eminently *indicated* in diseases affecting patients previously troubled with eruptions, Ulcers, Sores, and in diseases traceable to tubercle. The *symptoms* are *worse at night,* worse from washing or bathing, and *in damp* and *changeable weather.* In skin affections, the following are prominent *indications:—itching* with burning, *worse at night, increased by warmth,* and slight friction, but pleasantly *relieved* for a short time by vigorous rubbing or by scratching.

90.—**Terebinthina**—*Oil of Turpentine.*

Turpentine is obtained from the pine, the fir, and other trees. We purify it for use by distillation.

LEADING USES.—Affections of the mucous membrane of the urinary organs—the kidneys, bladder, and uretha. *Digestive System.—Ulceration* of, and *Hæmor-*

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* Dr. Hughes gives a proof of the homœopathicity of *Sulphur* to a chronic tendency to boils, in his *Manual of Pharmacodynamics;* he states that a patient of his accompanied her husband to Harrogate, and though in good health, joined him in drinking the waters. When she returned home she came under treatment, covered with boils.

rhage from, the bowel, especially in Enteric fever, "when the tongue instead of cleaning gradually from the edges and tip, parts with its fur quickly and in large flakes" (*Wood*); Gastro-enteritis; *Tænia*, and other *worms*, with dizziness, pain at the top of the head, irregular appetite, deep-seated soreness, inflation and tension of the abdomen, etc.; scarlet eruption of the skin, with gastric disorder, *from eating shell-fish.* *Urinary System.*—Acute *Congestion of the kidneys,* with *suppressed urine,* as from cold; *acute Nephritis; Bright's disease;* Inflammation and Catarrh of the bladder; *gonorrhœal Urethritis; post-scarlatinal Dropsy,* with inflammation, and *urine smelling of violets; Hæmaturia* from Congestion; in these affections a group of the following symptoms indicates the use of *Terebinthina*:—Aching pain and weight in the loins, depressed muscular power, Vertigo, stupor, irritability of the bladder, difficult or painful emission of scanty red urine, especially when it contains blood, burning in the urethra, sensitiveness of the region of the bladder, loss of appetite, relaxed bowels and abundant mucous expectoration. Rheumatism; especially Sciatica and chronic Rheumatism of the lower extremities. Affections of the nervous system; *mania-à-potu.*

CAUTION.—The indiscriminate use of *Turpentine* as an external application in Rheumatism, Burns, Wounds etc., is frequently productive of mischievous results.*

91.—Thuja—*Thuja occidentalis*—*Tree of Life.*

Thuja belongs to the coniferæ, and is indigenous to America. The tincture is made from its fresh leaves.

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* A few years ago we had under treatment a patient who, in alighting from a carriage, slipped, and slightly abraded the surface over the shinbone; *turpentine* was promptly applied, the wound inflamed, and the whole anterior aspect of the limb assumed an ulcerated condition.

Leading Uses.—*Thuja* was the chief remedy recommended by Hahnemann for the condition he called "*sycosis,*" which is liable to manifest itself in warty growths. It is in the treatment of warts and warty tumours that *Thuja* has made some of its chief triumphs, and also as an antidote to the after-effects of vaccination. *Apis* is more appropriate to the acute effects of vaccination, but *Thuja* meets the chronic condition which may manifest itself in skin eruptions, neuralgia, and other symptoms of ill-health. A dose of *Thuja* 30 given occasionally will effect wonderful improvement in the health of patients of this kind. Nævus.

Special Indications.—Emaciation of affected parts. Sweat on uncovered parts only. Fixed ideas: "as if made of glass; as if a living animal is inside."

Male Sexual Organs.—Gonorrhœa, or the effects of checked gonorrhœa. Sycotic moist excrescences.

Female Sexual Organs.—Legs very inflamed. Condylomata.

Skin.—Dull-looking. Bleeding fungous growths. Condylomata; moist, mucus tubercles. Nails brittle, crisp, or soft.

92.—**Veratrum Album**—*White Hellebore.*

This plant is indigenous to the mountainous districts of Europe, and is found in great abundance on the Swiss Alps. We prepare a tincture from the root.

Leading Uses.—*Asiatic Cholera,* with violent vomiting and purging rather than with extreme prostration or collapse (*Ars.*); choleraic Diarrhœa; Cramps of the *abdomen* or of the *calves,* whether or not occurring during Cholera, the muscles being drawn up into knots third stage of *Whooping-cough;* Ague, with extreme coldness.

Special Indications.—General *coldness, with blueness, debility,* sunken and pinched features, *Cramps,* faintness and *faintings, feeble,* almost imperceptible *pulse, cold* tongue and breath, cold sweats and great thirst; also *watery Diarrhœa*—rice-water evacuations—and *Dysuria,* with coldness and blueness of the extremities, as in Cholera; an excessive vomiting and *black vomit,* as in Yellow fever.

Nervous System.—Hypochondriac depression of spirits; confusion of mind, Dementia, and absurd fancies; or furious Mania. It is probably only suited to mental diseases due to some functional irregularity elsewhere than in the brain, as in Mania from menstrual derangement, Nymphomania, Puerperal mania, etc.

Circulatory System.—Thready, intermittent and irregular pulse, with feeble action of the heart, occurring in weak persons disposed to fainting, with coldness and blueness of the extremities; Palpitation and Angina Pectoris, with similar symptoms, and great anguish.

Respiratory System.—Spasmodic suffocative Cough with blueness of the face, and great retching; Whooping-cough; chronic Bronchitis in old persons, and spasmodic Asthma.

Digestive System.—Pain after food, and Water-brash, with coldness of the face and extremities; excessive retching and vomiting, and involuntary watery Diarrhœa, with Cramps in the abdomen, or nocturnal Diarrhœa, with coldness, pinched appearance, etc.; *Autumnal Diarrhœa,* the evacuations being expelled in forcible gushes, with vomiting, and great prostration. It is often valuable in Constipation when the motions are large and expelled with difficulty. Constipation of infants. Generally the lower potencies are preferable for Constipation.

93.—Veratrum Viride—*Green (American) Hellebore.*

A plant indigenous to the United States, known by the common name of *Indian Poke* and *Itch-weed.* We prepare a tincture from the root.

Leading Uses.—*Simple fever,* without local inflammation, but accompanied by Vertigo, Headache, dimness of sight, nausea, weakness, and restlessness; *Infantile Remittent fever,* with drowsiness, throbbing of the temporal arteries, *hard, quick pulse,* Vomiting of mucus and bile, and Constipation; the *invasive* stage of *Scarlatina,* and other *toxæmic fevers,* with much involvement of the head, high fever, and the symptoms above mentioned; in these cases, the circulatory excitement and gastric irritation being beyond the scope of *Acon., Verat.-Vir.* is an excellent substitute, especially when the typhoid conditions calling for *Baptisia* are not threatened. Particularly in dealing with the onset of Pneumonia, the drug is often valuable. Some American experiments indicate that in small doses it can increase the specific bodily resistance to the Pneumococcus. It has great power over the muscles and nerves of motion, particularly in controlling spasm. It has also a considerable power in some cases of Chorea. In many points, the pathogenetic effects of *Verat.-Vir.* resemble those of *Ver.-Alb.,* and in others *Acon.* It differs, however, from the latter in various ways, and especially in that *Acon.* seems to exert a special action on the sympathetic nervous system, while the power of *Ver.-Vir.* is more shown over the vagus nerve centres.

FEBRILE CONDITIONS.—It is specially indicated in fevers complicated with cerebral excitement. "In all *inflammatory conditions*, where there are marked *gastric symptoms*," Dr. Peterson writes, "I prefer *Verat.-Vir* to *Acon.* Thus in *catarrhal fevers* we often have nausea, and, perhaps, vomiting at the onset." *Rheumatism* of the *left side* of the body—shoulder, back of the neck, arm, side, hip, knee, and leg—with fever, white-coated tongue, restlessness, and great pain, especially on movement; profuse perspiration and refreshing sleep frequently follow its use in these cases.

In *Pneumonia*, Dr. Hale considers it better than *Acon.*, but the *Verat.-Vir.* should be discontinued immediately the pulse falls to its normal rate. *Phos.* follows it well.

HEAD.—In *congestive Headache*, Dr. Hale says it is "superior to any other known drug," when the Congestion arises from plethora, Sunstroke, alcoholic stimulants, *Teething*, etc. The symptoms are—A sense of fulness and weight, throbbing, sometimes with stupefaction; increased sensitiveness to sound, with buzzing and roaring; double, partial, dim, or otherwise disordered vision; nausea and vomiting; tingling and numbness in the limbs; mental confusion, etc. In *Convulsions* during dentition, or in the puerperal condition, it acts most satisfactorily.

RESPIRATORY SYSTEM.—Intense Congestion and Inflammation of the lungs; Capillary Bronchitis; Asthma, with great dyspnœa, and cold sweat on the face; it gives great relief to an asthmatic paroxysm.

CIRCULATORY SYSTEM.—Cardiac debility, with fainting and collapse therefrom; Palpitation with faintness, or dyspnœa.

DIGESTIVE SYSTEM.—In general *gastric affections* it is superior to *Verat-Alb.,* especially if there be much *irritability* of the stomach—vomiting—not purging—*Pyrosis,* etc., and also when the last-named symptoms occur during pregnancy; Hæmorrhoids with neuralgic pains in the rectum and anus. *Bright red streak down centre of the tongue.*

GENITO-URINARY SYSTEM.—*Menstrual Colic, Puerperal fever, Metritis,* and *Mania,* hysterical Convulsions.

EXTREMITIES.—Prickling and partial loss of sensation; complete loss of power; Paralysis of the legs; Cramps; cramped fingers and toes, as in Cholera.

SKIN.—In *vesicular Erysipelas* it is of great service, and may also be used externally—thirty drops of the strong tincture to half a pint of water—constantly applied to the inflamed surface; in this disease, the presence of arterial and cerebral excitement indicates this drug in preference to *Rhus Tox.* Its *local use,* in a diluted form, is reported to have dispersed local Inflammations, cured Scabies, Shingles, and chronic skin affections, and Dr. Dalzell informs us that a compress saturated with a lotion of the concentrated tincture—ʒj ad aq. distil. ℥vj—is valuable in threatening Appendicitis; also that *Inflamed Corns, Bunions,* etc., are greatly benefited by being touched with the strong tincture.

94.—Zincum—*Zinc.*

We use either the metal itself—*Z. Metallicum,* its sulphate—*Z. Sulphuricum,* or its oxide—*Z. Oxydatum.*

LEADING USES.—Chronic Headache; nervous depression, etc., with twitchings or tremblings of different parts of the body, and disinclination to activity, and other symptoms of an inactive brain. "In general terms, *Zincum* corresponds to a depressed, exhausted, and irritable condition of the nervous system, such as may arise from a variety of causes, principal among which are injuries, sexual excesses, mental exertion or trouble, insufficient food or exercise producing Anæmia, exhausting diseases and affections of the uterus and its appendages" (*Dr. A. S. Beebe*).

NERVOUS SYSTEM.—*Melancholia,* apathy, and weak excitability; *Hysteria*; incipient Paralysis of the brain; Paralysis agitans; Cerebral symptoms with stupor in Scarlatina, or Acute Meningitis; Infantile Convulsions, with a depressed fontanelle; Chorea; Epilepsy; Headache in chlorosis; aversion to labour, vacant expression, silly and even idiotic talking, defective memory, dimness of sight, and weakness, heaviness, or jerking of the limbs; neuralgic pains; Somnambulism; disturbed dreamy sleep, with jerking of the muscles, etc. *Head.—Chronic Headache,* with violent, obstinate pain, and depression of spirits; Vertigo, especially in the occiput. *Fever group.*—Ague, with repeated rigors, malaise, nausea, and constriction of the chest, followed by a short hot stage, and profuse sweating. *Respiratory System.*—Dry, Spasmodic Cough, and Pneumonia, with violent stitches in the chest on taking an inspiration, and expectoration of blood-streaked, tenacious mucus; convulsive Asthma.

DIGESTIVE SYSTEM.—Cardialgia, *chronic vomiting of food,* with little retching, flatulence, Acidity, and obstinate Constipation, with hard, Infantile Diarrhœa. *Urinary System.*—Profuse, light-coloured urine, with light, flocculent sediment of Phosphates. *Generative System.*—Chronic Gleet; irritability of the organs, or primarily of the nerve centres, resulting in too rapid escape of semen during connection, or nocturnal emissions ; eruptions following suppressed Gonorrhœa. *Skin.*—Obstinate Pimples with soreness ; chronic and ulcerated Herpes, etc.

Antidotes.

In the event of an overdose of the medicines prescribed in this work having been administered, two drops of the *Tincture of Camphor*, or a strong infusion of *Coffee*, will generally arrest any unpleasant consequences. Camphor, however, increases the action of *Hydras.* and *Cimic.*

PART V.

Poisons (*Venena*).

THE word *poison* has come now by general consent and usage to designate any substance which, through the blood, has a deadly or noxious action upon living beings. Some poisons act in minute, others in comparatively large, doses. The former are termed *deadly*, being often rapidly fatal in small doses.

The primitive use of poisons was for the purpose of anointing arrows: hence the Greek word for poison (τοξικὸν) derives its origin from (τοξον), which signifies a *bow*. This custom dates from the earliest antiquity, when men earned their means of subsistence by the bow, and is prevalent among savage tribes at the present time.

Poisons have been arranged by toxicologists into three groups, according to their action upon the animal economy, as follows:—

I. IRRITANT POISONS, or those which produce irritation or inflammation, as the mineral acids, oxalic acid, arsenic, mercury, copper, antimony, zinc, lead, baryta, and cantharides.

II. NARCOTIC POISONS, or those which produce stupor, delirium, and other affections of the brain and nervous system; as, opium, hydrocyanic acid, and poisonous gases.

III. NARCOTICO-IRRITANT POISONS, or those which produce sometimes irritation, sometimes narcotism, sometimes both together; these are chiefly derived from the vegetable kingdom, as, strychnia, monkshood, and poisonous fungi.

But it is to be remembered that the chief irritant poisons, like the narcotics, have a specific *remote* poisonous effect upon the blood, nervous system, and body generally, besides their local irritant operation upon the part to which they are immediately applied.

In cases of suspected poisoning symptoms should be carefully watched and noted; the evacuations should be inspected; the vomit and urine submitted to chemical examination; and, if death occur, a *post-mortem* examination should be made.

In our observations on the most common poisons, our aim has been to embody such practical points as are most necessary to be remembered. The following is the list included in this chapter:—

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1.—Arsenic.

White Arsenic, or Arsenious Acid, is an intensely irritant poison, two grains having been known to destroy life. When criminally employed, it is more commonly used for murder than for suicide; is generally given in some article of food, and, in small quantities, has no appreciable taste. Hence, also, it has often led to accidental poisoning. It has been sold for "Salts" or "Magnesia," and used instead of the plaster-of-Paris in the adulteration of sweets. In farming districts, second-hand stone jars have repeatedly proved dangerous. Mr. Freeman reports two cases in which stone jars were used for the storage of wine or jam, which had previously been used for the solution containing Arsenic employed in sheep-dipping, and in each instance serious illness resulted, proving fatal to one man. Some years ago there was a serious epidemic of arsenical poisoning traced to the use of beer which had come to contain small quantities of Arsenic, owing to the use of artificially prepared glucose in its manufacture. It is sparingly soluble in cold water, two-and-a-half parts only being taken up by 1,000 parts of water.

Symptoms.—These come on, if the dose has been moderately large, in about an hour after the poison is taken; but the time and also the severity of the symptoms vary according to the state of fulness of the stomach at the time, and the digestibility of the vehicle in which it is swallowed. There are faintness, nausea, great pain and burning heat in the stomach, an incessant desire for cold drinks, and violent vomiting of brown matter streaked with blood. By vomiting, much of the poison may be ejected, together with the common contents of the stomach, and a great deal of mucus, which is probably secreted as a defence. The skin is generally cold and clammy, but has sometimes been found very hot. In fatal cases the countenance becomes pale, sunken, and expressive of great torture and anxiety; the pulse grows small, feeble, rapid, and soon imperceptible. The pain spreads over the abdomen, which becomes tense and tender, sometimes swollen, sometimes drawn in at the navel; diarrhœa comes on with severe tenesmus, and sometimes bloody evacuations; there is also strangury, priapism, and congestion of the testicles. Finally, difficulty of breathing supervenes, the conjunctivæ become dry, red, swollen and injected, and delirium, stupor, or convulsions precede death, which usually occurs on the third day, unless a large quantity has been taken, when the patient suffers much less, and sinks in about twenty-four hours.

If the patient survive the third day, or has had small doses frequently repeated, he will suffer from Gastritis and Enteritis. Even if he finally recover, he will long experience pain in the abdomen, imperfect digestion, sickness, emaciation, falling off of the hair, and other symptoms of chronic arsenical poisoning.

TREATMENT.—Evacuate the contents of the stomach by an emetic (ʒj zinci sulph. :—tartar emetic should be avoided), or by tickling the throat with the finger or a feather ; this is better than the stomach-pump, because *Arsenic* is heavy and somewhat insoluble, and would not probably be washed up. If, however, vomiting be already severe, fluids (*cold, never warm*) are only necessary to assist in clearing the stomach ; the best being milk, which is bland, and may, as it curdles, partly envelope the poison. Taylor recommends equal parts of oil and lime-water. These may be given both before and after the vomiting has begun. A dose of castor oil, to clear away any of the poison that has left the stomach and entered the bowel may be of service. Linseed tea and other farinaceous decoctions are also useful ; they may be thickened with Magnesia, with which *Arsenic* forms an insoluble compound. A chief source of danger in arsenical poisoning is the want of any effectual antidote ; the *Hydrated Peroxide of Iron*, which may be produced in a moment by addition of Liq. Ammoniæ to Tincture of Iron, has the most repute, but is so little to be depended on that it should be postponed until after the stomach has been cleared as far as possible by vomiting. M. Carl affirms that *Hydrated* Magnesia, or a mixture of Magnesia and sugar may be relied on in arsenical poisoning. Poultices and fomentations should be applied over the abdomen.

TESTS FOR ARSENIC.—Place a piece of *bright copper* foil in a test-tube, cover with pure Hydrochloric Acid, and apply heat. If the foil remain bright, we have evidence that the *acid* and *copper* do not contain *Arsenic.* Add an equal quantity of the suspected fluid, and apply heat again. If *Arsenic* be present in the fluid, the copper will now turn white or grey. On evaporating the moisture from the surface of the copper foil, and slowly heating it in a test-tube, a ring of Arsenic will be deposited on the cooler part of the tube.

If ammonio-nitrate of silver be added to the solution a rich arsenite of silver will be precipitated, changing to greenish brown.

The addition of ammonia-sulphate of copper to the solution will precipitate the rich green known as Scheele's green, or arsenite of copper.

ARSENICAL WALL-PAPERS.—This subject has occupied much public attention ; and unquestionably a very large number of affections have been clearly traced by the profession to the use of such papers, while Dr. Stenhouse and others have, on analysis, discovered in them quantities of arsenic, varying from a trace to 14 grains to the square foot. Flannels and other fabrics are also said to be coloured by means of Arsenic. And where papers and articles of clothing are not coloured by Arsenic, the bright aniline dyes are sometimes fixed by an arsenical mordant. The prominent symptoms induced are very similar to those of Hay Asthma, and may be thus summarized : *Eyes*—bloodshot, sore, smarting, dim ; photophobia ; *Nose*—red, swollen, mucous membrane itching, smarting, with constant flow and sudden violent fits of sneezing, loss of smell, inability to breathe through the nose ; *Mouth*—soreness, ulcers, loss of taste ; *Tongue*—dry, white ; *Voice*—nasal ; *Face and Teeth*—neuralgic pains ; *Forehead*—sense of weight in frontal sinuses; *Throat*—soreness, dryness, nauseating greasy impression at the back; *Lungs*—bronchial affections; *Stomach and Bowels*—indigestion, thirst, retching, vomiting, diarrhœa, dysentery; *Skin*—irritation, eruptions, boils; *Muscles and Bones*—sufferings simulating Rheumatism; *Brain and Nervous System*—irritation occasioning great irritability of temper; depression of spirits; Neuralgia, and symptoms of peripheral Neuritis; *Urine*—scanty and highly-coloured; all ailments intensified at night; general prostration, and slow emaciation. The Turkish-bath, in suitable cases, is said to be a valuable agent in eliminating the poison, and a course of Sulphur waters is very often of service.

TEST FOR WALL-PAPER.—Place a drop of Liquor Ammoniæ on the suspected paper, and if it change the colour to blue, the probability is that copper and *Arsenic* are present. But a more satisfactory test is applied as follows:—Place a small piece of the material in a test tube, pour in about a drachm of dilute Hydrochloric Acid, and boil it over a spirit lamp. The Acid dissolves the Arsenite of Copper and assumes a green colour. Pour off the liquid into another test-tube, and add a few drops of solution of Hydrosulphate of Ammonia, or pass Sulphuretted Hydrogen gas through the liquid. A copious brown precipitate forms; this is mainly composed of Copper Sulphide, with which the Arsenic Sulphide is mixed. Now add an excess of Liquor Ammoniæ; this dissolves the Arsenic Sulphide, but not the Copper Sulphide. The ammoniacal solution of the Arsenic Sulphide is separated by filtration, and now the neutralization of the Ammonia by Hydrochloric Acid throws down the yellow Sulphide of Arsenic.

2.—Mercury.

The most common mercurial poison is the bichloride—*Corrosive Sublimate.* In its action it differs from arsenious acid by being a chemical corrosive, combining with the albumen of the tissues; but it has also, like Arsenic, a remote specific poisonous effect.

SYMPTOMS.—A horribly nauseous metallic taste, detected at the time of swallowing, and great constriction of the fauces and œsophagus, rendering even the swallowing of the antidote most difficult; the epithelium of the mouth and throat becomes white, as if from nitrate of silver, shrivelled, and detached; vomiting of white, stringy mucus; copious diarrhœa. The pain in the stomach, and vomiting, come on earlier than from *Arsenic,* and blood is more likely to be brought up; the countenance becomes sometimes turgid and congested, at others pale and anxious, whereas from *Arsenic* it is always pale, contracted, and ghastly. Strangury, too, is a more marked symptom, because the *Corrosive Sublimate,* being more soluble, enters the circulation freely, and reaches the kidneys; whereas *Arsenic* remaining in the alimentary canal, causes its chief sufferings there; and, passing down to the rectum, renders tenesmus a more prominent symptom. If recovery take place from mercurial poisoning, salivation first occurs. There is but little difference in the fatality of *Corrosive Sublimate* and *Arsenic*—three grains of either may destroy life.

TESTS FOR CORROSIVE SUBLIMATE.—*Powder.*—If a small quantity be dropped into a white saucer containing a solution of Iodide of Potassium, it becomes *scarlet;* of Hydro-Sulphuret of Ammonia, it becomes *black;* of Potash, it becomes *yellow. Solution.*—A small quantity should be gently evaporated, then allowed to crystallize. Opaque silky prisms will thus be formed, intersecting each other. If Iodide of Potassium be dropped on them, they become *scarlet.*

TREATMENT.—This differs radically from that of *Arsenic,* inasmuch as we have an effectual antidote, which should, therefore, be administered immediately: this is the whites and yolks of eggs, beaten up together. They convert the bichloride of Mercury into a double chloride of Mercury and albumen. If eggs cannot be had, a thin paste of flour and water may be substituted —the gluten acting in the same manner as albumen. Milk may also be given as a substitute. Afterwards, bland fluids, emetics, the use of the stomach-pump, and other treatment according to the requirements of the case.

For the *Salivation* which follows, we have several remedies; *Ac.-Nit.* (two drops of the dilute acid in a little water, two or three times daily; also gargles of lukewarm water acidulated with the acid); *Ac.-Sulph.* (also internally and as a gargle); *Alum* in solution (ʒij of the powder to ℥iv of water, sweetened with a little honey) for a gargle. The patient should be warmly covered, and have all the nourishment he can take in the way of bread and milk, broths and soups. *K. Chlor.* is also recommended for its beneficial influence in salivation and is used both internally and as a gargle. *Hep.-S.* is an efficient remedy for chronic mercurial eruptions and ulcers; and for the latter, *Hydras.*; *Nux V.* for mercurial tremor and Paralysis; *Ars.-Iod.*, etc., for the affections of the bowels; *Aur.* for mercurial cachexia, bone disease, etc.

The latter symptoms are those of chronic mercurial poisoning, such as are experienced by looking-glass makers, or by others who are constantly exposed to mercurial vapours.

3.—Lead.

The most common form of Lead poisoning is the chronic, as seen in house-painters, glaziers, and others who use lead in their trades, or work in lead mines, or who habitually drink water, cider, or other liquids contaminated with it. In the case of painters, that variety of paint which gives a dead or non-glistening surface is the most poisonous, from the large admixture of turpentine, which passing off by evaporation, carries with it a portion of the lead; this is inhaled, or mixed with the saliva, and received into the stomach, or settles on the skin and is absorbed. In such cases the source of the lead may be little suspected.

SYMPTOMS.—Vomiting, thirst, habitual constipation, and occasional severe colic; Paralysis of the extensor muscles of the forearm, so that the hands hang down by their own weight (*wrist-drop*), the patient having no power to raise them; general chilliness, pallor, and emaciation; contracted blood-vessels, and blood deficient in red corpuscles. The Palsy is at first local, but if the cause be not avoided, the patients fall into a state of general cachexia, become miserable cripples, and eventually sink under disease of some vital organ. A striking diagnostic sign of lead-poisoning is the existence of *a dark-blue line round the edges of the gums*, most marked in the lower jaw. This line is probably caused by a deposit of sulphide of lead in the gum tissue, the sulphide being produced by the sulphur, which is evolved from decomposing fragments of food in the clefts of the teeth, and which combines with the salts of lead in the blood; the breath is offensive and the gums red and sore.

TREATMENT.—For recent cases, Sulphur water and the Sulphates of Sodium and Magnesium. *Iodide of*

Potassium[*] is useful to remove the lead from the system in the form of the iodide in the urine; for although iodide of Lead is insoluble in water it is soluble in urine and other fluids of the body. The *Bromide* has even greater solvent power than the *Iodide,* and it is preferable when there is sleeplessness. Another method of cure is to give frequent doses of *Magn.-Sulph.* (*Epsom Salts*), with excess of *Ac.-Sulph.* For *lead-colic—Opi., Alum., Plat., Bell.,* or *Ac.-Sulph.,* with the warm bath, is the best treatment.

PREVENTIVE MEASURES are, chiefly, *great cleanliness,* using soap and water at frequent intervals, especially for the face, hands, and nails; and avoidance of taking food in the workrooms or mines, or food which has been allowed to remain therein. The habitual use of a drink resembling lemonade, but acidulated with dilute *Sulphuric Acid,* as provided for the artizans in some lead works, is probably the best means of correcting the morbid influence on the stomach, while the entrance of the poison into the air-passages should be guarded against by working with the mouth closed, or by wearing a fine respirator.

The same antidote may also be used against *Sugar-of-lead*—a salt not infrequently used for poisoning—the *Magn.-Sulph.* in this instance forming an insoluble and probably inert Sulphate of Lead.[†]

Owing to the facility with which *soft* water absorbs lead, pipes of this metal should not be employed for conveying water to houses. Much colic and lead poisoning at one time prevailed in Glasgow and Edinburgh from this source. Pipes made of block-tin, or lead lined with tin, should be substituted for leaden ones, particularly where the water is soft.

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[*] "In Lead-poisoning," the late Dr. Newton wrote us: "I greatly prefer the following treatment to the *Iodide of Potassium*: *Merc.-S.* 1, gr. ij morning and night, and *Nux. V.* 1, trit., gr. ij twice daily. By this method we avoid the depression of spirits and loss of appetite which the *Iodide* brings on."

[†] It is important to remember that all substances which are *insoluble* are not also *inert;* for although insoluble in water, they may be dissolved in the fluids of the mouth, stomach, or other parts of the body. Of this, *Calomel* may be cited as an illustration.

4.—Copper.

Poisoning from this metal usually occurs from food cooked in imperfectly cleaned copper or brass vessels ; the metal becomes oxidized, and then, not only the vegetable acids, such as vinegar and pickles, but also oils and fats of greasy foods, as hashes and stews, from the fatty acids they contain, dissolve the metal, and form acrid, irritant, poisonous compounds, such as *Verdigris* (the acetate of copper), *Blue Vitriol* (sulphate of copper), etc.

These are the most common salts of copper ; but though highly poisonous, they seldom prove fatal, owing to their emetic properties.

SYMPTOMS.—They resemble those caused by *Arsenic* and *Corrosive Sublimate*, with some that are peculiar to the metal itself, especially violent headache, then vomiting of blue and green matters, and cutting pains in the bowels, and afterwards cramps in the legs, pains in the thighs, etc. Jaundice very frequently occurs, and the symptom is the more important from being seldom met with in other cases of poisoning. Death is generally preceded by convulsions and insensibility. A chronic form of poisoning has occurred from the water on shipboard being contaminated by copper, in such cases the perspiration of the affected person has stained the linen of a greenish hue.

TREATMENT.—The best antidote in acute poisoning is *albumen*—the white and yolks of eggs beaten up—which when administered forms an insoluble compound with the copper salt ; it should be followed by milk, arrowroot or mucilaginous drinks. In the absence of eggs, a thin paste of flour and water may be used. Emetics and the stomach-pump are less serviceable than in other irritant poisonings.

5.—Antimony.

Poisoning with *Antimony* is uncommon, but it does sometimes occur in the employment of *Tartar Emetic ;* or from antimonial wine being accidentally swallowed. In consequence of the largest doses of *Antimony* being powerful emetics, the poison in this form is generally rejected, and little harm follows ; it is the chronic form of poisoning, in which the metal is continually taken in small doses, that is most to be feared ; and this insidious plan has sometimes been adopted by slow poisoners, to produce symptoms analogous to those of internal visceral disease, so that, when they finally destroy their victims, less suspicion may arise. Suspicion should therefore be always entertained when a patient is, without evident cause, constantly sick on receiving his food or medicine through the instrumentality of one particular individual.

SYMPTOMS.—From moderate doses, a strong metallic taste in the mouth ; great heat and constriction of the throat, violent burning pains in the stomach, followed by violent vomiting, purging, and extreme depression of the circulation. The most marked symptoms from the full action of the poison are,—nausea, sickness, and great depression.

TREATMENT.—Large draughts of warm water, and tickling the throat to induce vomiting; at the same time a decoction of cinchona, oak-bark, tannin, or even strong tea should be prepared and diligently administered. Magnesia dissolved in milk is a good remedy.

CHLORIDE OF ANTIMONY.—Taylor relates four cases of poisoning by this substance (popularly called Butter of Antimony); three of the persons recovered. In the fatal case the whole of the inside of the alimentary canal was blackened as if it had been charred; two or three ounces had been taken, and death occurred in ten hours and a half.

TREATMENT.—Magnesia must be given, followed by the means recommended in poisoning by Tartar Emetic.

6.—Zinc, Chloride of (*Burnett's Disinfecting Fluid*).

This popular disinfectant may be taken inadvertently with disastrous results.

SYMPTOMS.—Countenance anxious and depressed; voice feeble; throat sore and inflamed; feeling of faintness; tenderness on pressure and burning pain of the epigastrium and under the left ribs; vomiting; bowels inactive. Mucous membrane of the soft palate covered with a white diphtheritic film, or yellow slough; vomit of black fluid, with mucus and shreds of tissue; stool very infrequent, black, pitchy. Occasional tetanic spasm in the right forearm and hand. Gums spongy and bleeding; vomit of brownish fluid with a flocculent sediment, but without bile; urine turbid, with lithates, sp. gr. 1025-1030. Temperature 100.6 slowly falling to 96.4.

The patient sinks from corrosive action of the poison and from inanition caused by the secondary effects of the poison on the fauces, œsophagus, and stomach. One ounce, containing 200 grs. of the salt, has been known to cause rapid death ; but recovery has taken place after swallowing 600 grains.

TREATMENT.—Mixture of eggs and milk freely administered, and continued so long as it is vomited in a curdled state. Copious and long-continued supplies of albuminous substances. Soapsuds given freely have proved curative. Nothing can be better than the carbonates of potash and soda, if given early. Copious draughts of warm water dilute the fluid and promote vomiting. As a very short contact with the mucous membrane is sufficient to corrode it, and convert it into a substance like leather, prompt measures are essential.

7.—Nitre—Nitrate of Potash (*Saltpetre*).

This drug, commonly employed for domestic purposes, has been administered by mistake in food, and has sometimes proved fatal in its effects.

SYMPTOMS.—Burning pain at the epigastrium, vomiting, increased flow of urine, from irritation, or, in large doses, even inflammation of the kidneys ; and great depression, even unconsciousness, convulsions, coma.

TREATMENT.—Emetics, and the stomach-pump, should be employed, and demulcent drinks given.

8.—Ammonia (*Hartshorn*).

Poisoning by " Hartshorn and oil " is by no means uncommon, especially among children.

SYMPTOMS.—Intense sensation of burning in the throat, gullet, and stomach ; when vomiting occurs the ejecta are mixed with blood of a dark-brown colour; sense of suffocation.

TREATMENT.—Vinegar, lemon-juice, or orange-juice should be promptly given, olive oil, followed by demulcents.

If ammoniacal vapour has been accidentally inhaled, Acetic or Hydrochloric Acid should be immediately inspired.

9.—Aniline.

A coal-tar product. Used in dyeing.

SYMPTOMS.—Nausea, giddiness, vomiting, sweating, collapse.

TREATMENT.—Fresh air, stimulants, artificial respiration, inhalation of oxygen, bleeding and transfusion.

10.—Antipyrine (*Phenazone*).

SYMPTOMS.—Epigastric pain, nausea, vomiting, drowsiness, vertigo, syncope.

TREATMENT.—Recumbent position, stimulants, inhalation of oxygen.

11.—Phosphorus.

Vermin poison is often a compound of *Phosphorus* and common grease, and may be taken accidentally or by design.

The *fumes of Phosphorus* sometimes cause, in lucifer-match makers, necrosis of bone, especially of the lower jaw. The death of a child is reported from playing with matches and sucking off the dipped ends. On no account, therefore, should children be allowed to play with lucifer matches.

SYMPTOMS.—*Phosphorus* is an irritant poison, speedily producing intense thirst, nausea, burning pain in the throat and stomach, and vomiting; the matters ejected have a garlicky smell, and when thrown up in the dark are luminous. The pain spreads over the body, and, after much suffering, the person usually dies within a few days. On *post-mortem* examination, the liver is found in a state of fatty degeneration.

TREATMENT.—A speedy emetic, preferably of sulphate of copper, and directly afterwards a purgative (not oil), and then turpentine. Conceivably Chloroform in potency or Crotalus might counteract the remote effects of Phosphorus on the liver cells. *Neither for Phosphorus nor for Cantharides should oils be given*, as both are soluble in oils; although, as a rule, olive oil is one of the blandest of fluids that can be taken in cases of irritation of the bowels, and is also slightly laxative.

12.—Acids.

The chief of the strong mineral acids are the *Sulphuric* (*oil of vitriol*), the *Nitric* (*aqua fortis*), and the *Hydrochloric* or *Muriatic* (*spirit of salt*).

SYMPTOMS.—When attempted to be swallowed, the strong acids are usually ejected spasmodically from the pharynx, just as boiling water is; but they may still be quickly fatal from asphyxia, caused by swelling of the larynx from effusion under the mucous membrane; or the patient may die, after weeks or months, from stricture of the upper part of the œsophagus, caused by the scarring of the burns and subsequent contraction. If the acids reach the stomach they will produce horrible pain, vomiting of dark altered blood, shreds of tough mucus, and fœtid eructations. They are corrosive poisons, decomposing the tissues, causing rapid, small pulse, and such great depression that the patient sinks and dies. They have, also, a remote specific poisonous effect if taken persistently in moderate doses ; but with large doses the symptoms and fatal effect are consequent on local injury.

If *Nitric* acid have been taken there will be yellowish stains on the lips ; if Sulphuric, brownish, and the teeth will be blackened ; and in any case there will be a white, shrivelled, and detached state of the epithelium of the mouth and fauces. Where the acid has fallen on the clothes, *brown stains* are produced by *Sulphuric* and *Nitric* acids, *bright-red* by *Hydrochloric* acid ; on black cloth red stains are produced by all.

TREATMENT.—Slaked lime, chalk, or *Magnesia* : or in default of these, the plaster of the apartment may be scraped down and made into a thin creamy paste with water, milk, oil, white of egg, or any demulcent. Afterwards bland mucilaginous and oily fluids should be given.

13.—Oxalic Acid (*Acidum Oxalicum*).

This is a common rapid poison, often mistaken for Epsom salts and *Zinci Sulph.* ; but it may be useful to know that the three are readily distinguished by their taste—a crystal or two, or a drop or two of the solution being placed on the tongue ; for *Sulphate of Magnesia* is bitter, *Sulphate of Zinc* is styptic, and *Oxalic Acid* is sour and nauseous. It is used as a cleanser and bleacher, to remove iron-mould, etc., and is far too readily sold in the shops to any purchaser. As a poison it is usually taken, like Epsom salts, in large doses—ʒss or more, partially dissolved in water.

Symptoms.—Excessive irritation, burning pain, and, generally, violent vomiting, of dark-green matter and blood; feebleness or total failure of the pulse; cold, clammy skin; partial paralysis, numbed finger tips; great anxiety, and occasionally convulsions, the patient dying sometimes in half an hour, and generally within seven or eight hours, suffering dreadfully all the time. It has also a remote specific poisonous effect.

Treatment.—Although a rapid and deadly poison, many persons recover on account of the largeness of the dose, which leads to a speedy and copious vomiting, so that much of it is ejected. The antidote, too, is well known, readily available, and effectual. It is *Carbonate of Lime* in any form in which it can be obtained—*creta preparata*, plaster scraped from the ceiling, or common whiting, mixed with a small quantity of water into a creamy paste. It should be observed that the limit to the quantity of water is important, and applies to nearly all poisons, for too much diluent drink tends to dissolve a poison, to spread it over the stomach, and to promote its absorption. In the absence of *Carbonate of Lime, Magnesia* might be used, but not the alkalies—Potash or Soda—which would only form *soluble* salts, that would enter the circulation and prove poisonous. After the antidote, bland mucilaginous fluids may be given.

Salt of Sorrel, or *Essential Salts of Lemons*, is the acid oxalate of potash, used for bleaching straw and removing ink stains; it produces the symptoms of poisoning by *Oxalic Acid*, and must be treated in the same way.

14.—Carbolic Acid (*Acidum Carbolicum*).

Carbolic Acid was at one time one of the favourite poisons wherewith to commit suicide, and it is among suicides that by far the largest number of deaths from carbolic acid are to be found.

Cases of accidental poisoning by the incautious use of it are also, unfortunately, of rather frequent occurrence. Used in the sick-room as a disinfectant, there is some danger of its being erroneously given to the patient. And elsewhere, even the handling of it in the form of powder may cause unpleasant effects. Moreover, when treating Abscesses, Wounds, and Fractures, it should be employed cautiously, for serious complications have arisen from its undue absorption by the system. As the *Acid* is absorbed more readily when combined with oil than in an aqueous solution, the latter is in some cases preferable when the *Acid* comes into direct contact with a large granulating surface. When introduced into the uterine cavity the solution has produced dangerous collapse. Whenever employed, the urine should be frequently examined; for as the *Acid* is eliminated by the kidneys, it acts as an irritant on those organs, and may cause renal hyperæmia, or parenchymatous inflammation, of which abnormal urinary secretions would be symptomatic.

SYMPTOMS.—Burning in mouth; throat and stomach; usually skin becomes livid, or has a mottled appearance; stools are blackish-brown; *urine is very dark brown, almost black*; absence of vomiting; low temperature, heart failure. When applied to the skin it loses its sensitiveness, and becomes white and puckered, as from immersion in hot water; then it becomes dry, red, sore to the touch; burns, tingles, smarts; and finally cracks, forming deep, sore fissures.

TREATMENT.—When *Carbolic Acid* has come in contact with the skin, disintegration of the cuticle may be averted by the application of a strong solution of *Carbonate of Soda;* the same remedy may be employed as a wash for the mouth if the *Acid* has been taken. If it has been swallowed, a stomach-pump should be employed, oils, white of egg, milk and water, hot bottles and hot flannels, stimulants, artificial respiration.

15.—Oil of Tar (*Kreasote*).

This is seldom taken in poisonous doses. Mucilage, oil, etc., are antidotes to this powerful irritant. If great depression be one of the symptoms, *Ammonia*, or similar remedies, may be required.

16.—Colchicum (*Colchicum*).

Cases of poisoning by this medicine are most likely to arise from taking too large doses of the wine or other preparations of the drug, or from continued doses, producing gradual intoxication.

SYMPTOMS.—These much resemble those of tartarized *Antimony*, there being great nausea, sickness, purging, and depression of the heart's action.

TREATMENT.—Same as for *Aconite.*

17.—Opium (*Opium*).

It is important to distinguish between Opium-poisoning and primary Apoplexy. The chief differences are tabulated as follows:—

DIFFERENCES.

OPIUM-POISONING.	(*Primary*) APOPLEXY.
1.—Occurs chiefly in *young persons.*	1. Occurs mostly in persons *advanced in life,* generally in full habit.
2. If taken with a meal, as in beer, the symptoms would not arise for *half an hour.*	2. Is often the *immediate* consequence of over-repletion of the stomach.
3. The symptoms come on *gradually.*	3. The symptoms occur *suddenly.*
4. The patient can be *roused.*	4. The patient *cannot be roused.*
5. The face may be very *pale* and sunken or bloated, the eyes are closed and the *pupils* usually *contracted,* frequently to the size of a pin's point, and insensible to light.	5. The face is turgid and *congested,* and the pupils are seldom markedly contracted unless the hæmorrhage is into the Pons Varioli of the brain.
6. The breathing is deep but *quiet.*	6. The breathing is *stertorous.*
7. Pulse small and of natural frequency.	7. Pulse, slow, full and labouring.
8. Is usually fatal between the seventh and twelfth hours.	8. Is usually fatal earlier or later than Opium-poisoning.

Morphia, the principal alkaloid of *Opium,* acts similarly. *Narcotine* is an excitant, increasing the frequency of the pulse and raising the temperature. *Thebaine* excites the upper portion of the spinal cord.

DIAGNOSIS has also to be made from *Alcoholic Intoxication,* which produces similar symptoms, but here the odour of spirit can generally be detected in the breath ; also from the narcotism of *uræmic poisoning* from diseased kidneys ; in the latter case puffiness of the eyelids, and albumen in the urine, will distinguish the cases.

Opium-smoking and eating, when once the habit is formed, soon becomes an all-absorbing passion.

A cachectic state of the body, the derangement of most of its functions, is generally noticed in those who habitually use the drug; "and in them the slightest scratch often degenerates into a foul and ill-conditioned Ulcer" (*Waring*).

One of the most common uses of *Opium* is for the quieting of children; for this purpose it is usually given as *Laudanum, Paregoric,* or soothing-syrup. Any mother, nurse, or baby-farmer, using these substances ought to be treated as a criminal; if it were so, hundreds of children would be saved who are now more or less slowly poisoned, either by design, mistake, or overdosing. The nervous irritability, fretfulness, and sleeplessness for which these drugs are given, find in Homœopathy certain and harmless remedies.

SYMPTOMS.—In addition to those stated in the table, the person lies quite still, with closed eyes, pupils contracted, pale, ghastly countenance, free perspiration, increasing slowness of respiration, and insensible to external impressions; the whole expression being indicative of deep and perfect repose. The differences just tabulated are most marked in the *beginning* of a case of poisoning by *Opium,* for afterwards congestion of the brain and effusion come on, with even stertorous breathing, and the case then more resembles one of Apoplexy. If the patient recover, the stupor passes into a prolonged sleep—twenty-four to thirty-six hours—after which nausea, vomiting, giddiness, and loathing of food, take place.

Treatment.—The primary object is to remove the poison from the stomach, which is best accomplished by washing it out by the stomach-pump. This treatment is better adapted to *Opium* than to any other poison, because it us usually taken in the liquid state of *Laudanum,* which narcotizes the nervous system, and renders it almost insensible to emetics. A gag should be first placed between the jaws, and the tongue pressed back to place the epiglottis over the larynx, and then a *flexible,* but not elastic pipe, previously softened in warm water, and lubricated with butter, passed down. About a pint of water is to be pumped into the stomach, and then nearly as much withdrawn ; this should be repeated till the water returns clear. In default of a stomach-pump, or where solid *Opium* has been taken, a *non-nauseant emetic* should be given as *Zinci Sulph.* ℨss. A suitable emetic may be readily found in common mustard-flour a dessertspoonful of which may be given in cold water ; for this, as well as *Sulphate of Zinc,* is a direct emetic, acting quickly, and without the preceding nausea that *Antimony* and *Ipecacuanha* usually produce.

For children, however, the proper emetic would be tartarized *Antimony,* about gr.ss in a little water, and sweetened with syrup. When the poison has been removed from the stomach (but not before) vegetable acids may be given to counteract the narcotism. Cream of tartar and water, vinegar and water, or lemon-juice may be given every ten minutes. When there is inability to swallow, emetics may be given as enemata. *Belladonna* or *Atropine* has proved a successful antidote, given in as large doses as the patient can bear, and at frequent intervals, until the contracted pupil dilates. *Strychnine* has also been remedial.

The next object is to *keep the patient constantly roused,* by dashing water, cold, or alternately hot and cold, over the head and face, by keeping him walking in the open air between two strong persons; this both wards off stupor, and, by promoting respiration and circulation, expedites the elimination of the poison from the system. Flapping of the body and legs with a wet towel is rousing. Electricity is also very useful in this stage in keeping the patient awake, except when there is cerebral congestion. *Camphor, Ammonia,* hot coffee, brandy and water, and similar stimulants should be administered. Considerable time must elapse before the patient is allowed to sleep, and then he should be wakened up as soon as he snores.

In desperate cases, *artificial respiration* has properly been resorted to, and has in some instances averted a fatal issue. Often great perseverance, even for hours, is necessary, and should be observed even in hopeless cases. When the poison has been removed, a decoction of *coffee,* in oft-repeated doses, is useful to revive the patient, and to mitigate sickness and headache. Coffee is an excellent anti-narcotic, and helps to keep awake patients poisoned with *Opium.*

18.—Chlorodyne.

Contains Muriate of Morphine (about 2½ gr. to the ounce).

SYMPTOMS AND TREATMENT.—Same as for *Opium.*

19.—Curare.

Also called Woorara and Urari. Arrow-poison. Paralyzes motor nerves, and causes death by arresting breathing.

Treatment.—Artificial respiration. Stimulants. The surface of the wound should be thoroughly and repeatedly washed. If the case is seen in time, a ligature should be tied above the wound when possible.

20.—Alcohol (*Alcohol*).

It is important to be able to detect poisoning by large potations of *Alcohol* from poisoning by *Opium*, and from Apoplexy, as the immediate treatment differs in each case. (See Section on " Opium " for symptoms of Apoplexy.) The *odour of the breath*, and the history and circumstances of an unconscious patient, may point to drunkenness as the cause ; if these be absent, the presumption is that it is not a case of intoxication. It should always be remembered that a drunken person may have suffered an injury and sustained concussion of the brain ; or a drunken debauch may coincide with a hæmorrhage from some vessel within the cranium.

Symptoms.—Growing insensibility, tactile, mental, and moral ; which may increase rapidly and result in coma ; or may increase slowly, and then become suddenly absolute ; face flushed ; pupils dilated (in poisoning by *Opium*, the face is generally pale and the pupils contracted).

TREATMENT.—Narcotic poisoning from large doses f *Alcohol* or spirits-of-wine requires the use of the tomach-pump, cold effusion over the face and head, nd warmth to the cardiac region and the stomach ; the irculation in the extremities should also be promoted. Vhen exposure to cold and drunkenness have produced ombined effects, those of cold should be first couneracted. If bad cases are neglected, they may prove atal. Should the patient appear to be dying from aralysis of the respiratory muscles, *artificial respiraion* should be resorted to (see Sec. 224).

One of the chief symptoms of poisoning by *Alcohol* is *elirium Tremens.*

DELIRIUM TREMENS.—The physical action of *Alcohol,* vhether taken in large, or in frequently-repeated small, oses, induces profound changes : the general nutrition f the body suffers, and if the habit be long persisted n, an incurable cachexia results. The multiform evils vhich the use of *Alcohol* produces are so great that it nay be truly stated, that if *Alcohol* had never been nown, a vast amount of sin and crime, and a yet arger proportion of the poverty and misery now in the vorld, would never have existed.

SYMPTOMS OF DELIRIUM TREMENS.—The disease may nly appear after a long course of alcoholic stimulation, r it may be suddenly developed after a protracted ebauch. The earliest symptom is one of great mental nd physical depression. The patient fancies he is aunted by spectres, and is afraid to be alone. A state f excitement and delirium follows, in which he becomes he victim of various painful delusions, chiefly having eference to his business, which he thinks is irretrievbly ruined, or to his friends, whom he believes to be lotting against him. Haunted by spectral illusions and imaginary horrors, he desires to get up, and often makes violent efforts to escape from foes and danger. Sleep almost wholly forsakes him ; he becomes restless, trembles, and is frequently endeavouring to change his posture ; he declares that rats, mice, beetles, etc., are about his bed, that strangers are in the room, or that listeners are at the door or concealed behind the curtains. The patient is, however, easily subdued, and induced to remain quiet for a time. His eyes are restless, and the conjunctivæ red and injected ; the face is usually pale, but sometimes flushed and wild-looking; the skin is commonly moist or clammy ; the pulse weak and compressible, the action of the heart is often violent, and the tongue foul, with entire loss of appetite. The natural tendency of the disorder is to terminate in a critical sleep, at the end of some fifty to seventy hours after the commencement of the delirium.

Pathological Cause.—The delirious affection is caused by the direct action of *Alcohol* upon the nervous system, and is not the result of the sudden withdrawal of the accustomed stimulant. The experience derived from hospital practice, and from prison discipline, abundantly proves that a person who indulges very freely in stimulants may suddenly abandon them without any risk. Indeed, as with other poisons, the great danger to be feared arises from their continued employment.

" I dare say you are all impressed with the general belief that delirium tremens depends mainly on abstracting stimulants from a person largely addicted to them. I will not say that it never depends on that ; bu what is more certain is, that it is much more likely to ensue when person who is largely addicted to the use of stimulants leaves off food So long as a man keeps up both the eating and the drinking, he is i little risk of delirium tremens. Either when he suddenly leaves o eating and takes to drinking, or when he gradually diminishes his foo and increases his drink, he is in the greatest danger of that disease. S that we come to this—which may seem paradoxical and immoral too—

> that a man who both eats and drinks too much is in less danger than a man who commits only one of those excesses. The double fault is less mischievous than the single; the eating counteracts the harm that would ensue from the drinking. If we look about in society we may see this very plainly. There are still many persons habitually engaged in too great eating and drinking, doing both to excess; and they are in danger of breaking down in various defects of digestion and the consequent disturbances, but they are in no danger of delirium tremens. The people who are in that danger, and show the evil effects of drinking in the most marked form, are they who drink largely and eat little."
> —*Sir James Paget, F.R.S.*

TREATMENT.—The immediate cause of danger is exhaustion; hence the importance of supporting the strength by nutritious, digestible diet, in a fluid form, beef-tea, soups, yolk-of-eggs, warm milk, cocoa, etc., in small quantities frequently repeated. "The stimulus of such a spice as *cayenne pepper*, given in soup, on the atonic stomach, will have a favourable influence on absorption" (*Aitken*). A cup of *coffee* is sometimes useful to still the nervous excitement. It is important, at the same time, to eliminate the poison from the system; and this is sometimes best effected by hot or cold baths, and especially by the wet-pack. A tumbler of cold water given on entering the bath materially increases its efficacy. The action of the skin should be also promoted by friction. The patient should remain in a quiet, darkened room, and everything be done to induce sleep, and obviate mental irritation. Skilful nursing is of great importance. If nourishment is not administered, and sleep does not succeed, the patient may sink from exhaustion.

The following remedies are useful at different stages of the disease according to the symptoms present:—*Bell.*, *Stram.*, *Hyos.*, *Opi* 1x, *Nux V.* "*Stram.* in pure tincture, and 1x dilution, I have found successful in three very bad cases of Delirium Tremens" (*Dr. Dalzell*). "The most generally useful remedy in well-marked

Delirium Tremens, is *Bell.* φ gtt. ij, every two hours. Sleep and a quiet night, with marked improvement next day, I have almost always found to ensue" (*Dr. D. D. Brown*). Where the delusion of poisoning is prominent, *Hyos.* 3.

21.—Chloroform, Ether (*Chloroform, Ætherum*).

If during the inhalation of *Chloroform*, especially at the commencement, the vapour be not well diluted with atmospheric air, dangerous symptoms may arise, as syncope or respiratory failure or both at the same time.

Treatment.—Promptitude is all-important. *Immediate* exposure of the patient to currents of *fresh air* and *cold affusion*, the tongue being drawn forward to open the wind pipe. The head should be lowered, if the face be pale ; raised, if turgid. The chest, cheeks and extremities should be flapped with a wet towe to stimulate the peripheral nerves. If not quickly successful, *artificial respiration* should be per formed. If this be commenced whilst the pulse is perceptible it is nearly always successful ; even if the heart be too feeble for its impulse to be felt in the pulse at the wrist, it is often sufficient to restore it failing energies. *Inhalation* of *Nitrite of Amyl.* Gal vanism sometimes succeeds in restoring respiration The introduction of a piece of ice into the rectum i generally followed by a deep breath, and the gradua restoration of natural breathing. If *Chloroform* hav been swallowed, the stomach-pump is necessary ; an afterwards *Ammonia* should be given, or ten minim of *Liq. Ammoniæ*, diluted with forty minims of water, may be injected into a vein of the arm.

The treatment of *Ether* poisoning is the same.

In the bronchitis which frequently follows Ether anæsthesia, *Belladonna* is the best remedy.

22.—Hydrate of Chloral.

Many cases of fatal poisoning have been recorded. This fact need scarcely excite surprise when we remember the extensive adoption of this fashionable drug, and the large doses often taken.

The toxic effects upon the functions are in this order—the cerebral, the voluntary muscular, the respiratory, the heart; and it is only when given in doses sufficiently large to induce a depressing effect upon the heart that any threatening or fatal result is to be feared.

SYMPTOMS.—Faintness, gasping for breath, pulse rapid, weak, irregular in both force and rhythm; heart acts regularly, but with increased frequency and diminished force, jactitation of the limbs, intolerable sense of sinking and oppression at the pit of the stomach, confusion of thought. Later on, imperceptible pulse; suffocative dyspnœa; regular, feeble, intensely rapid heart; urgent thirst, utter prostration of muscular strength; extended limbs; low head; wandering mind.

TREATMENT.—*Strychnia* is likely to prove an antidote. Fresh air should be freely admitted into the room; the white of eggs given, with a moderate amount of alcoholic stimulant; warmth applied to the extremities and over the cardiac region. A pint of strong coffee should be injected into the rectum.

23.—Deadly Nightshade—Belladonna (*Atropa Belladonna*).

The poisonous berries of this plant are often gathered and eaten by children, or even cooked in tarts; the root and leaves are also poisonous. Cases have been reported in which the external use of *Bell.*, as in plasters or liniments, has produced the characteristic symptoms of poisoning.

SYMPTOMS.—Dilatation of the pupils, indistinct vision, flushed face, a wild form of delirium, Vertigo, Convulsions, an unsteady gait, an eruption on the skin resembling that of Scarlet-Fever, and then constriction of the fauces and other symptoms follow. Death takes place by Coma. During the early symptoms, a cursory examination of such cases might suggest the idea of commencing Mania.

TREATMENT.—Same as for *Aconite.* After an emetic, *Lime-water, magnesia and water,* strong tea or coffee. *Opi.* is believed to be a direct antidote to *Bell.* Doses from three to five or more drops of the pure tincture, noting its effect on the dilated pupil. *Opi.* and *Bell.* produce antagonistic effects. Brandy and other stimulants are also recommended. *Apomorphine* may be given as an emetic.

24.—Laburnum.

All parts of *Cystisus Laburnum* are poisonous, but it is the seeds that usually give rise to accidents, being eaten by children.

SYMPTOMS.—Come on rapidly; vomiting, purging, coma and convulsions.

TREATMENT.—Emetic or stomach-pump; stimulants in moderation; hot strong coffee; alternate hot and cold douche to head and chest.

25.—Gelseminum (*Yellow Jessamine*).

All the cases of poisoning by this plant have occurred from administration of over-doses.

SYMPTOMS.—These are generally double vision, falling of the upper eyelids, dimness of sight, staggering gait, paralysis of some parts of the muscular system, blunted sensation in arms and hands, dilatation of the pupils, frothing at the mouth, relaxation of all the muscles, and feebleness of the heart's action with scarcely perceptible pulse preceding death.

TREATMENT.—The prompt application of the galvanic current speedily relieves. Mustard-and-water, Cayenne pepper, *Ammonia*, and brandy are of great benefit. If the surface become cold, warm baths, frictions, and hot bricks to the feet are advisable. The danger is soon passed under proper treatment.

26.—Nutmeg.

Taken to procure abortion; sometimes to put off the menstrual pain.

SYMPTOMS.—Giddiness, drowsiness, hallucinations; vomiting and coma.

TREATMENT.—Coffee and stimulants.

27.—Paraffin Oil.

This is generally taken in mistake for something else.

SYMPTOMS.—Collapse, burning in gullet and stomach, hirst, restlessness, coma.

TREATMENT.—Stomach-pump or emetic; warmth to extremities.

28.—Prussic Acid (*Acidum Hydrocyanicum*).

One of the most rapidly fatal poisons known; in a large dose it acts almost immediately.

The volatile oil of bitter almonds, cherry-laurel water (*Aqua Laurocerasi*), and noyau, contain *Ac.-Hydrocy.* They also contain the *Cyanide of Potassium*—a white salt used in photography—and a deadly poison, yielding *Ac. Hydrocy.* directly it touches water. For this a solution of *Sulphate of Iron* has been found to be an efficient antidote.

SYMPTOMS.—As it is a direct sedative, it produces almost immediate insensibility, with or without convulsions, and without marked effect on any special organ. The scream or shriek usually heard in animals directly its effects begin, have not been noticed in man. Death occurs by paralysis of the muscles of respiration, the heart struggling to beat to the end. It is a potent sedative to the brain and spinal cord, especially acting on the respiratory centres. The poison reaches these centres through the circulation, little more than a quarter of a minute being sufficient to diffuse it over the whole body.

On a *post-mortem* examination, the eyes have a remarkably bright, life-like appearance, and on first opening the abdomen the odour of the acid, which resembles that of bitter almonds, may be perceived; the blood is fluid, as after most sudden deaths, and the mucous membrane of the stomach is found in a rosy appearance.

TREATMENT.—It is exceedingly rare for a person to recover from a really dangerous dose; and the smallest fatal dose is said to have been 40 minims; but if present when it is taken we should *immediately* perform *cold affusion* by dashing the coldest water that can be procured over the face and head, and pouring it from a height from a jug on the back of the head, neck and spine; at the same time, *Ammonia*, in any form, should be administered; its acts physiologically, counteracting the sedative effect of the poison; and as the heart is not paralyzed, if respiration can be restored, the patient may survive. When *Ammonia* is given by inhalation it should be with caution and intermission, lest returning respiration be impeded. *Carbonate of Potash* should also be administered. *Artificial Respiration* should never be neglected, whatever other remedies are tried, until the cessation of cardiac pulsations. A chemical antidote is moist *Peroxide of Iron.* Emetics are of no use, in consequence of the volatility of the poison, which is very quickly absorbed.

29.—Monkshood—Aconite (*Aconitum*).

This poison may be taken accidentally, as when the root is dug up and eaten by mistake for horse-radish; it differs, however, by being a smaller root, sooner breaking up into fibres, and being externally of a brownish colour.

SYMPTOMS.—The first effects usually come on within half an hour after taking the poison, and are—numbness and tingling in the lips, mouth, and fauces; tingling and loss of all proper sensation soon extend to the limbs and body generally, for *Aconite* and its alkaloid, *Aconitine*, are sedatives to the nerves of sensation; then constriction of the throat comes on, with difficult and hurried breathing, vomiting, purging, dimness of sight, dilated pupils, livid skin, and cold extremities.

TREATMENT.—In all cases of poisoning by *Aconite*, and most other vegetables, the stomach is to be first cleared out by an emetic, and then *castor oil* or other purgative given to clear the intestines. Subsequent treatment must be regulated by the symptoms, and should include *coffee* as an anti-narcotic, and stimulants. Dilute brandy may be injected into the rectum. According to Fothergill, in the advanced stage of *Aconite* poisoning, *Digitalis* restores the heart's action.

30.—Foxglove—Digitalis (*Digitalis*).

Poisoning is most likely to arise from too long persistence in the use of this drug, under allopathic medication.

SYMPTOMS.—Faintings; irregular, intermitting, or slow and feeble pulse; nausea, headache, vomiting, etc.; great depression.

TREATMENT.—Similar to *Aconite.* If a large dose have been swallowed, an emetic should be speedily given, and in any case the patient must be kept perfectly horizontal, and wine or brandy given him. Galvanism, carefully employed, is probably useful in bad cases.

31.—Tobacco.

SYMPTOMS.—Fainting; choking; nausea, vomiting; Vertigo; heart-failure with fluttering, feeble pulse; cold, clammy skin; extreme depression of the vital powers; delirium; convulsions.

TREATMENT.—Strong coffee and brandy should be given; warmth and friction applied to the surface; and artificial respiration resorted to, if necessary.

32.—Yew.—(*Taxus Baccata*).

All parts poisonous, but berries mostly eaten, generally in mistake, by children; taken at times to produce abortion.

SYMPTOMS.—Convulsions, insensibility, coma, dilated pupils, nausea and vomiting, collapse.

TREATMENT.—Emetic of mustard, *sulphate of zinc*, or *apomorphine*.

33.—Nux Vomica—Strychnia (*Nux Vomica*).

Next to *Prussic Acid*, Strychnia is the most energetic of ordinary poisons, except, perhaps, that of some venomous reptiles, like the Cobra. The sixteenth part of a grain has killed a child, half a grain an adult.

SYMPTOMS.—A condition of spasm resembling Tetanus, but more convulsive and paroxysmal, with distressing sufferings, retention of mental faculties, livid face, opisthotonus, rigidity of the abdominal muscles, and death in from twenty minutes to two hours, from spasm of the diaphragm and other respiratory muscles.

TREATMENT.—If the patient be seen before the spasms set in, the stomach should be immediately cleared by an emetic. Warm milk copiously, and *castor oil* should be given. Before the jaw is spasmodically closed, the tube of a stomach-pump should be introduced into the œsophagus, and a flexible catheter into the larynx, both being secured against compression by the teeth. The poison can thus be removed, antidotes given, and, if necessary, *artificial respiration* performed. This should be continued long and patiently. Dr. W. H. Burt records a case of poisoning by *Strychnine*, in which the spasms were most frightful, and the respiration nearly suspended, cured by *Ver.-Vir.*, the tetanic spasms being soon relaxed, and the patient well in three days. Nearly a teaspoonful was immediately given, afterwards two drops every ten minutes. *Ac. Hydrocyan.* 1 may also be tried.

34.—Poisonous Fungi—(*Fungi Venenati*).

Poisoning from these substances is not often difficult to detect: if the symptoms occur after a meal at which mushrooms have been eaten; and if several persons are attacked at the same time, after partaking of such a meal, the suspicion of mushroom poisoning scarcely needs further confirmation. Should the symptoms of irritant poisoning occur soon after a meal at which no mushrooms have been eaten, ptomaine poisoning must be thought of, especially if shell-fish or sausages have formed any part of the meal. Some fungi act as narcotics and rapidly; others as irritants and slowly. Poisonous fungi have an astringent, styptic taste, and a disagreeable pungent odour.

SYMPTOMS.—Chiefly those of bowel irritation—colic, vomiting, and purging—with great depression. The symptoms are sometimes felt within a few minutes after the fungi have been eaten, but in general not for several hours; the active principle apparently not being digested till it reaches the duodenum, so that it is absorbed by the bowels, and not by the stomach. Sometimes symptoms of coma predominate, at other times choleraic symptoms.

TREATMENT.—If a patient be seen soon after the poison has been ingested, emetics are of great value; if not till the poison has passed the stomach, purgatives must be employed to expedite its removal from the system. Poultices, etc., may be applied to the abdomen, and stimulants may be required.

35.—Ptomaines.

Poisons generated in the course of decomposition, and taken inadvertently in preserved meat, sausage, etc., the symptoms produced are generally vomiting and purging, cramps and collapse.

Treatment.—Emetics, purgatives, hot applications.

36.—Spanish Fly (*Cantharis*).

Symptoms.—Poisonous doses of *Cantharides* produce burning in the throat, pain in the abdomen, vomiting of bloody mucus, strangury, bloody urine, priapism, sometimes aphrodisia, diminution or suppression of urine, and, finally, convulsions and death.

Treatment.—If vomiting have not already taken place, an emetic should be given, but *no oils*. To relieve the strangury left after the poison has been ejected or eliminated, oleaginous and demulcent injections into the bladder are useful; a warm bath is also a valuable auxiliary. Subsequently, the administration of *Camphor* will remove the urinary difficulties consequent on an over-dose of *Cantharides*.

37.—Carbon Monoxide and Carbon Dioxide (*Carbonic Acid Gas*).

Carbon Monoxide gas is given off in the fumes from slow combustion stoves, from burning charcoal or coke: it is also present in coal gas (illuminating gas). One per cent. of it in the atmosphere will soon prove fatal.

Symptoms.—Heaviness in the head, dizziness, noises in the ears, quickened pulse and respiration, dilated pupils, cold surface; finally coma (sometimes also convulsions) and death. The gas combines with the hæmoglobin of the blood, giving the blood a characteristic rosy red colour, noticeable after death; by so combining it prevents the hæmoglobin from acting as a carrier of oxygen and so asphyxiates the victim. Treatment should consist of artificial respiration and inhalations of oxygen ; stimulants should be given and warmly applied. Chronic poisoning from this gas is not uncommon in badly ventilated rooms heated by gas stoves or slow combustion stoves, when the fumes are allowed to escape, even in a slight measure. Headache, malaise, anæmia, even peripheral neuritis and psychic disturbances may occur. The treatment is obviously to remove the patient to better surroundings till recovery, and stop the leakage of gas.

Carbon Dioxide Gas may be present in coal mines, and in the neighbourhood of lime and brick kilns, and may cause symptoms of asphyxia in such cases.

Treatment consists in removing the patient and practising artificial respiration. The gas is given off in respiration, and may accumulate in crowded assemblies, causing headache, nausea and giddiness. Free ventilation is the remedy.

PART VI.

Clinical Directory.

The Clinical Directory, as it originally appeared, was highly appreciated, and proved to be of effective service; we have, therefore, very carefully revised and enlarged it. In its preparation we have to acknowledge the valuable aid of many homœopathic physicians who have contributed the results of their practical experience. If any errors have crept in, we shall be glad to have them pointed out; we shall also be thankful to receive useful suggestions for future improvement.

It will be at once obvious that a ready and successful use of this Clinical Directory necessitates a previous knowledge of Materia Medica, as well as professional skill in diagnosing disease, and can only be of service to *refresh the memory.* Varied knowledge, observation, and tact are essential in the art of prescribing, the perfection of which lies in the power of discrimination in individual cases, and of bringing into one focus the circumstances of parentage, habits of life, tendencies to diseased action, idiosyncrasies, etc., that may complicate them. To the qualifications just mentioned, must be added that of *long practice.* The Clinical Directory will, however, be found generally useful if consulted in connection with the preceding Materia Medica

A few abbreviations are used, the chief of which are the following :—*alt.*, for *alternately*, or *in alternation with ;* *int.* for *internally* or *internal use* ; *ext.*, for *externally* or *local use ;* the letter F., with a number attached, refers to the Appendix of *Formulæ* which follows the Directory, as F. 28.

THE CLINICAL DIRECTORY.

Abdomen: Distended—Sil. Sulph., Lyc., Ars. (*in tubercular chilren*); Cin. (*from worms*); Iod., Phyto., Ferr.-Mur. m. ij. ter die. Calc.-C., Ars.-Iod. 3x trit., Merc.-Iod.; Bapt. (*enteric fever*); Dig. Tereb., Ars. (*Dropsy; see* Ascites); Coloc., or Nux V. (*tympanitis*); Cimic. (*pains shooting across*); China, Carbo V., Iris.

Pain in—*see* **Bowels.**

Abscess: Threatened—Bell. *or* Apis., Merc.-Sol. if above fail.

Acute—Acon. or Bell. Hep.-S.; Arn. (*early stage, and from an injury*); Merc.-S. Poultices.

Chronic.—Sil., China ø (in 3 to 5 drop doses). Phos., Bary.-Carb. Sulph., Hep.-S., Calc.-C., Ac.-Phos., Sil., Aur. (*from diseased bone*); Calendula lotion.

Of Liver—see **Liver.**

Mammary—see **Breast.**

Tubercular.—Calc.-Iod., Calc.-C., Sil., Sulph., Aur., Ars.-Iod., Ac.-Carbol.

Acidity (*Heartburn*): Nux V., Bry., Puls., Carbo V., Iris V., Anac. O.; Lyc. (*in elderly persons*); Calc.-C. *or* Rob. (*chronic acidity*). (F. 61.)

See also **Dyspepsia.**

Acne (*Pimples*): Bell. (*in the plethoric*); Ac.-Phos.; Bary.-Carb., Calc.-C.; K.-Brom., K.-Hydriod., Jug.-C., Ars., K.-Brom., Carb. An., Calc.-C., Lappa 3x, Pic.-ac. 3 (*during menstruation*), Sep. **Rumex** ø int., and Rumex and Sulph. ointment ext. (F. 56); Bor., Sulph., int., and ext. (*Sulph.* sometimes aggravates).

Rosacea—Ant.-C., Rhus Rad., Ars., Apis, Carbo An.; Agar. int. and ext., Nux V. *or* Opi (*if from spirit drinking*); Rhus, Merc. (*young persons*); Bell., Ars. (*severe and chronic cases*); locally Hypochlorite of Sulph. (F. 58.)

After-pains: *see* **Labour.**

Ague: China, *or* Sulph.-Quin. 1x trit.; Ars. (*chronic and undefined cases*); Cedr., Nat.-Mur. (*after abuse of Quinine*), Carbo V.; Ipec. (*much gastric disturbance, with nausea*); Nux V., Ver.-Alb. (*chill predominating*); Ver.-Alb. (*severe and obstinate cases*); Bry. (*chill stage*); Gels. (*hot stage*); Sulph.-Quin., Ars. (*in the apyrexia*); Cit. of Iron and Quin. gr. j. thrice daily (*enlarged spleen following Ague*); Acid Phos., Tereb.

Albuminuria: *see* **Bright's Disease.**

Alcohol: Effects of—Nux V., Bell., Caps. (large doses given in sugar water), Agar., Opi., Ars.; Dig., K.-Brom., Strych., Sulph.-Quin. (*with tremors*); Ant.-T. (*gastric irritation*).

See **Delirium Tremens** in Chap. on Poisons.

Alopecia (*loss of hair*): *see* **Hair.**

Amblyopia (*impaired vision from any cause except that of optical defect; incipient Amaurosis*): Ac.-Phos., China, Ferr., Ars., Anac., Phos. (*from debilitating causes*) ; Acon., Arn., Ruta. Nux V. 1x, Gels. 1x, Macrot. 1x trit (*from over-use of the eyes*) ; Cimic. (*aching in eyeballs*) ; Spig. Coloc. (*great pain in the eyes*) ; Bell. *or* Spig. (*congested appearance of the eyes*) ; Cact. (*hyperæmia of the optic nerve*) ; Lith. (*partial or threatened Hemiopia*). Warm fomentations at night relieve the discomfort in and about the eyes. Further, a nourishing diet and sufficient rest and sleep should also be prescribed.

See also Sight, *and* Eyes.

Amenorrhœa (*delayed, suppressed, or deficient menstruation*) : *see* Menstruation).

Anæmia : Ferr.-Red., Ferr.-Pyro-Phos., China (*from hæmorrhage*) ; Helon. 1x, Ac.-Phos., Ars., Iod., Merc., Macrot., Nat.-mur., Silic., Arg.-Nit. Cold sponging with great caution.

Anasarca : *see* Dropsy : General.

Aneurism : Bar.-c., K.-Hydriod, in large doses, Calc., Phos., Iod., Lyc. ; Acon., Ver.-Vir. (*for arterial excitement*) ; Surgical treatment is often necessary.

Anger : Effects of—Acon. (*palpitation and arterial excitement*) ; Cham. (*bilious derangement*) ; Bry. (*headache*) ; Bell. *or* Hyos. (*brain disturbance*) ; Nux V., Staph.

Dr. Nankivell, of York, has communicated to us a case of partial Paralysis of the tongue, with thick speech and slow utterance, the effect of anger, rapidly cured by *Acon.*

Angina : *see* Throat, Croup, etc.

Angina Pectoris : Ars., Cact., Dig., Ver.-Vir., Ver-Alb., Hep.-S., Iod., Strych., Naja, China, Puls., Aurum, Strophanth.

Paroxysm of—Dig. (*very slow, labouring pulse*) ; Chloric Ether. Ac.-Hydrocy. ; Acon., Cimic., Spig. Nitrite of Amyl, inhalation of 3 to 5 drops. Brandy should not be forgotten.

Ankles : Sprained : *see* Sprain.

Swollen—Apis, Ars., Puls., Ferr., China. Also Rest in the horizontal position.

Weak—Calc.-Phos. almost specific ; Calc.-Iod., Calc.-C., Phos., Sulph., Thuja, Nat.-carb.

Antigalactics (*medicines for diminishing the secretion of milk*) ; Cal.-C., Bry., Bell., Phos., Puls.

Anus :—Constricted—Nux V. (*spasmodic closure of the sphincter ani*) ; Plumb., Bell., Graph., Nit.- ac. Dilatation may be necessary.

Fissured and Sore.—Graph., Nit. ac., Æscul., K.-Hydriod. Pæonia. Glycerole of Hydras, or Calend. locally (F. 6 or 11).

Fistula of—Sil., Caust., Graph., Nit.-ac., Sulph., Calc-.C. ; Ac.-Nit., Ham. with Glyc. (F. 5) ext. ; Injection of Ham. lotion (F. 40) (*associated with Piles*) ; Merc.-Precip.-Rub., and Glycerole of Starch medicated with the same (F. 3).

Itching of—Sulph., Ac.-Nit., Ign., Thuja, Ars., Ambra. Also for ext. use to be applied three or four times daily (F. 1, 10, 39, or 50).

Itching of, from worms—Cin., Ign., 6, Teuc. *See also* Worms.

Pain in—Æscul.

Prolapsed—Podoph. (*at each stool with squirting Diarrhœa*) ; Ruta. Nux V. (*with Constipation*) ; Graph. (*with Constipation and Piles*) ; Aloes (*with Piles and great irritation*) ; Ign. (*in children*) ; Lyc. (*in children*) ; Merc., Ac.-Nit., Æscul., Ham., extract with Glyc. and water (F. 5) as an injection, or Phyto. int. and Phyto. ø ʒj.

and Glyc. of Starch' (F. 2). Dr. H. Wheeler uses an injection of Ferr.-Mur. ʒj ad aq. ℥viij.

Anxiety, Care, Grief, etc.: EFFECTS OF—Ign., Ac.-Phos., Anac., China, Acon., Gels., Nux V.

Aphasia: *see* Aphonia.

Aphonia: Caust., K.-Hydriod. (*syphilitic*); Phyto. (*complete or partial loss of voice*); Acon., Bell., Merc., Glon., Carbo V. (*catarrhal*); Ant.-T. (*from cold, with bronchial râles*); Ign. *or* Nux V. (*nervous and hysterical*); Galvanism.

CHRONIC—Phos., Carbo V., K.-Bich., Hep.-S (*wheezing*).

FROM OVER-USE OF THE VOICE—Caust. (*high voice*). K.-Bich., Phos., Arn., Bary.-Carb.

Aphthæ: Merc., Bor., K.-Chlor., Ant.-T. (*with vomiting of milk after nursing*); Ars. (*ulcerous*); Ac.-Sulphs. 1x (*ulcerous in adults*); Bor., Hydras., Ac.-Carbol. 1x or Sang., one part of any, to about twelve to fifteen parts of water, as a wash; or (F. 4); Sulphurous Acid Spray; *or* (F. 7) (*ulcerating Aphthæ*).

Apoplexy: EARLY SYMPTOMS.—Acon. alt. Bell. every hour, and fomentations to the head of hot water every two hours; Glon. (*throbbing headache in temples and full sensation*). Amyl.-Nit., Acon., Nux V., Bell., Gels., Aster-rub.

FIT OF—Acon. (*full, quick, strong pulse*); Bell. (*great redness of the face, and convulsive movements*); Opi. (*bloated, dusky-red face, stupor, and stertor*); Phos., Cocc., Rhus., Lyc., Arn. (*after-effects*).

PREVENTIVES—Nux V., Acon., Phos., Merc.; *also*, Avoidance of stimulating food and drink (especially beer), over-eating, excitement, haste, exposure to the hot sun, heated rooms, etc.

Appendicitis: Obtain a surgeon's opinion. Locally Glyc. of Bell. or Ver.-Vir. ø applied in compress, ʒi. to ℥iv. Internally. Bell., Merc. Corr., Lach., Arsen., Bry. Crot. H. For recurrent attacks consider the advisability of operation. Iris Tenax is sometimes of great service for pains in appendix region after an attack of appendicitis; also Iodine and Graphites.

Appetite: DEPRAVED—Ars., China, Calc.,C., Ferr., Nux V., Ac.-Nit.

EXCESSIVE—Cin. (*from worms*); Iod., China, *or* Ac.-Phos. (*after illness*); Merc., Sil., Calc.-C., Gels., Ign. Patients with excessive appetite should eat slowly.

LOST OR DEFICIENT—China, Ferr., Macrot. 1x trit., Ac.-Phos., Still. 1x trit., Nux V. 1x, Ars., Merc., Puls., Nit.-Uran, Pru.-S. The *cause* should be removed.

VARIABLE—Cin., China, Iod., Calc., C.

Arteries: DISEASE OF—Bar.-c., Phos.-Lyc.

Arthritis: *see* Gout.

Articular Rheumatism: *see* Rheumatism.

Ascarides: *see* Worms.

Ascites: Apoc., Stroph.-ø or 1x, Digitaline 1x with caution, Apis, Ars., Eup.-Pur. as an infusion; infusion of Dig. in ʒss doses; Nux V., China, Lyc. Crot.-Tig. is the most reliable remedy in Ascites from Cirrhosis of the liver.

Asiatic Cholera: *see* Cholera: ASIATIC.

Asthenopia: (*weak-sightedness from muscular fatigue: temporary Asthenopia may occur after severe fevers or other exhausting diseases*). The use of proper glasses. Good air and food, cold water douche, frequent rest of the eyes, and one or more of the remedies prescribed under Amblyopia, if from exhausting causes.

Asthma: Ipec., Ars., Gels., Plumb., Cact., Lob., Cup.-Acet., Nux V., Carbo V. (*with dyspepsia, flatulence, etc.*), Nat.-Sulph. (*with diarrhœa*), Thuja.

Paroxysm of—Acon. (*arterial excitement; and when arising from cold*); Ver.-Vir. (*laboured breathing, with cold sweat on the face*); Ipec. ø gtt. j. every half-hour (*spasmodic with retching*); *Bell. nightly spasm*); Phos., Ac.-Dil. gtt. v. in aq. ℥j. every hour or two. Cup.-Acet., Ac.-Hydrocy., Lob., Nux. V. *or* Ars. (*between the attacks*), Thuja, Nat.-Sulph.

Chronic—Ars., Sulph., Plumb., Nux V., K.-Hydriod., Thuja.

Children's—Samb. (*profuse perspiration*); Ipec. (*retching or sickness*); Ant.-T., Ars.

Atrophy: General—Ars., Zinc., Iod., Calc.-C., Sil., Phos., Sulph. Cod-liver oil. Also frictions and exercise alternated with perfect rest.

Back: Aching of—Arn. (*from over-exertion*); Rhus. Bry., Nux V., Gels.

Pain in—Cimic. (*crick-in-the-back*); Macrotin; Ant.-T., Acon., Canth., Tereb. (*with disease of kidneys*); Ham., Acon., Nux V., Æscul. (*from Piles*).

See also **Lumbago** *and* **Menstruation**: Painful.

Weakness of—Sil., Rhus., Phos., Ign., China (*from nervous exhaustion*).

Baker's Itch: *see* **Lichen.**

Balanitis (*Inflammation of the glans and lining of the prepuce, with muco-purulent discharge*); Merc.-Cor., Calend. ext.

Baldness: *see* **Hair**: Falling off of.

Barber's Itch: *see* **Beard**: Acne of.

Beard: Acne of—Lyc., Graph., Merc.-S., Ant.-T., Merc.-Iod., Sulph.-Iod., *or* Sulph. int. and as an ointment or lotion (F. 34, 43, 56).

Bed-sores: Hypericum oil is the remedy where gangrene is threatened or has actually commenced. It may be applied to the part and (if the skin be broken) covered with lint on which Boracic ointment is spread. Glycerine-cream, *or* Calend.-lotion; Calend.- *or* Arn. plaster for protection. Ung. Zinci (B.P.). The use of a water or air bed, if possible, is a great help towards prevention.

Prevention of—Frequent washing the parts exposed to pressure with soap and water; and, after drying with a soft towel, a little Glycerine or Glycerine of Starch (F. 2) should be gently rubbed over the parts. If redness of the skin appear, the parts should be moistened with brandy or some other proof spirit, to harden the skin. Spirit of proof strength is better than the usual prescription of brandy and water.

Belching: *see* **Eructations.**

Biliousness: Lept., Nux V., Merc. Bry., Mag.-Mur., Podoph., Hep.-S., Ipec., Iris.

Attack of—Bry., Puls. (*from indigestible food: vomiting of bile and mucus*); Acon. (*from cold or excitement*); Cham. (*from worry or passion*); Ver.-Alb., Iris ("*sick headache,*" *with vomiting or diarrhœa*); Nux V. (*from stimulants, over-feeding, etc., with constipation*).

See also **Liver, Constipation, Diarrhœa,** etc.

Bites of Insects, etc.: *see* **Stings.**

Black-eye: Tinct. Arn. 1x int. and ext. (*if the lotion can be applied immediately*); Ham. (*broken skin, and if discoloration has taken place*).

Bladder: Catarrhal Inflammation of—Acon. Canth. (*from cold*); Dulc., Uva 1x, also decoction ʒj. 4tis horis (*from damp*); Cann., Canth., Apis, K.-Hydriod., Chim. (*with much mucous or albuminous discharge*); Eup.-Pur, Ammon.-Mur., Ant.-C., Puls., Tereb., Zinc., Eryng.-Aquat., Sulph.

Irritability of—Ferr. (*diurnal*); Bell., Canth., Sulph. (*nocturnal*); Nux V. (*with spasm and in gouty persons*); Lyc. (with *gravel*); Ac.-Benz. (*strongly scented, high-coloured urine*). For irritability with pain at neck of bladder, a full bath, 95° for ten minutes, followed or not by a douche of cold water.

Paralysis of—Cann.-Sat., Bell., Bary.-Carb., Acon., Nux V.

See also Calculus, Hæmorrhage, Strangury, Urine, etc.

Bleeding: *see* Hæmorrhage.

Blindness: *see* Amaurosis, Amblyopia, Sight, etc.

Blister: *see* Burns and Scalds.

Blood: Spitting of—*see* Hæmoptysis. Vomiting of—*see* Hæmatemesis.

Blotches: Ant.-C., Graph., Lyc., Clem. Ars., Apis.

Boils: Bell. *or* Arn. alt. Acon. (*when forming*); Sulph., Bell., Ac. Sulph.; and hot poultices (*when formed*); Sil., Hep.-S. (*when suppuration has occurred, but is torpid*); Muriate of Calc. lotion (F. 38) (*when very painful*). Carrot poultice: Sovereign remedy (Dr. Stokes).

Tendency to—Sulph., Hep.-S., K.-Brom., China, Sulph.

Bone: Contusion of—Ruta and Ruta lotion ext.

Exostosis—Aur.-Mur., Merc.-Iod., Sil.

Inflammation and Caries or Ulceration of—Asaf. 12, Merc. Aur., Arg.-Met., Ac.-Fluor., Sil., Ac.-Phos.; *also* Phyto.

Necrosis—Merc.-Prot.-Iod., Ars.-Iod., Sil., Ac.-Fluor., Symph., Phos., Ars., Asaf.

Nodes—Sil., K.-Hydriod., K.-Bich. (*cranial*); Merc.-Cor. 6x (*tibial*); Staph., Rhus (*soft nodes*); Aur.-Mur. (*hard nodes*).

Pain in—Aur., Asaf., Merc., Ruta, Ac.-Nit., Ac.-Fluor., Ac.-Phos., Staph., Phyto.; Eup.-Perfol. (*Influenza, bone-pains*).

Periostitis—Sil., Aur.-Mur., Mez., K.-Hydriod.

Softening of—Calc.-C., Sil., Ac.-Phos., Calc.-Phos., Phos., Merc., Sulph.

Bowels: *see* Constipation, Diarrhœa, Hernia, Anus, Enteritis, etc.

Consumption of—*see* Tabes Mesenterica.

Pain in—Camph. (*severe, with chilliness*); Acon. (*feverishness or excitement*); Bell. 1x, Coloc. 2x.

See also Colic.

Brain: Concussion of—Arn. alt. Acon. *or* Bell., Cic.

Congestion of—Bell. *or* Atropiæ Sulph. 3x Bell. should be given first, then if necessary Atrop.-S. If these fail, Apis, Opi., Gels., (*cerebral depression*) *or* Glon. (*cerebral exaltation*); Ver.-Vir. (*children with gastric irritation*); Acon., Nux V., Bry.; Gels., Sulph.-Quin. (*intermittent*), Bacil. (*Tubercular cases*). In congestion from tubercular disease, or from teething, with convulsions, speedy relief may be obtained by applying to the head flannels wrung out of *hot* water. The fomentations should be continued for half an hour or more according to the severity of the case, and most frequently the child falls into a quiet sleep during the process.

MENINGITIS—Acon. Bell., Bry. ; Stram., Bacil. (*from tubercular deposit with convulsions*) ; Calc. Carb., Hell. Apis., Ver.-Vir., Gels., Sulph. In cerebral Congestion, with much *mental excitement*, flushed face, etc., great and speedy relief may frequently be given by *packing* the legs (from the loins to the feet inclusive) in large towels wrung tightly out of mustard ("mustard bran") and hot water for twenty to thirty minutes, the bowels well covered with blankets. Plenty of mustard should be used, and after the pack, the parts should be quickly wiped down with tepid damp towels (*Dr. Dalzell*). Hot fomentations to the head, as just recommended for Congestion, are also applicable for Inflammation.

SOFTENING OF—Merc. alt. Bell. ; Bary-Carb., Ac.-Phos., Nux V., Zinc., Ars., Phos., Zinc.-Phos. 1x ; Hypericum (*pain and other nerve symptoms*).

Brain-fag : Nux V., Ac.-Phos. Ac.-Picr., Gels., Glon., Strych.-Phos. $\frac{1}{200}$ Calc.-C., Sil., Anac., Staph., Zinc., Asar.-Europ., Iris.

Brain-fever : *see* Typhus-Fever.

Branny-Tetter : Ars., Graph., Lyc., Sulph.

Breast : ABSCESS OF—Bry. (*earliest symptoms*) ; Bell. (*shining red and swollen*) ; Phos. (*during formation*) ; Phyto. 1x int. and (F. 9). also spongio-piline over the breast, if Bry. and Phos. fail ; Sil. or Hep.-S. (*torpidity*, or *imperfect suppuration*) ; Phyto. or Hydras., chronic lobular mastitis.

CONTUSION OF—Coni.

EXCORIATION OF—Sulph. ; Hydras. *or* Calend. ext. Glycerole of Starch (F. 2) and Phyto (F. 9) are also recommended.

INFLAMMATION, HARDNESS, PAINFULNESS, OR SWELLING OF—Bry. ; Bell. (*shining red swelling*).

Breast : Tumours of, Calc.-Phos., Cundurango, Coni., Lappa Maj., Hydras., Aster. Rub., Phos., Scrophularia Nod. ø unit doses.

Breast-Pang : *see* **Angina Pectoris.**

Breath : FŒTID—Merc., Carbo V., Chin.-Sulph., Ant.-C., Aur., Ac.-Nit., Acon., Ac.-Carbol., Caps.

Breathing : SHORT OR DIFFICULT—Acon., Ac.-Hydrocy. ; Ars. (*tightness and debility*) ; Ipec. (*wheezing*, [*dry*] *and with nausea*) ; Ant.-T. *rattling* [*moist*]) ; Iod. (*emaciation*) ; Ferr. (*anæmia*) ; Hep.-S., Cup., Scill., Spong. Friction over the chest with cod-liver oil, or with Glycerine, often relieves difficult breathing.

See also Croup *and* **Asthma.**

Bright's Disease : **Ars., Phos., Canth.** ; Merc., Phos., **Kreas., Nux V.,** Ac.-Phos., Tereb., **Apis.-M.,** Ferr.-M. Hot-air baths. Many striking cases of cure have been recorded from an exclusive milk diet, *quant. plac.*, not boiled, no medicine whatever having been prescribed. The question of a salt-free diet must also be considered.

See also Kidneys : INFLAMMATION OF, *and* Nephritis.

Bronchial Catarrh ("*cold on the chest*") : Bry., preceded by a few doses of Acon., Ars., or K.-Hydriod. ; Camph. or Kreas. (*at the outset*).

Bronchitis : ACUTE—Acon., Ant.-T., K.-Bich., Bry., Ipec., Phos. 3 (*cough, expectoration of stringy* *mucus, Bronchorrhœa*). Hot linseed poultice to the chest is of great service.

In Children—Acon., Ant.-T., Phos., Ipec., Ver.-Vir., Lobel.

In Old Persons—Ant.-T., Ammon.-Carb. (*difficult expulsion of mucus*); Coni., Carbo V., Phos., Hydras., K.-Bich., Seneg.

Chronic—Ant.-T., K.-Bioch., Ars., Merc., Hydras., Phos., Scill., Stann., Seneg., Sulph., K.-Hydriod. Ant.-T. (*gouty Bronchitis*); Lobel (*obstinate bronchial cough with dyspnœa*).

See also Cough.

Bronchocele: *see* Goitre.

Brow-Ague: Sulph.-Quin., Glon., Bell., Nux V., Chel., Ars., Thuja.

Bruise: *see* Contusion.

Bubo: Merc., Ac.-Nit., Merc.-Biniod., Aur.-Mur., Phyto. int. and ext. Calendula on poultices.

Bunion: Arn., Benz. ac., Ruta., Rhod.; Ver.-Vir. externally (*if inflamed*); Hep.-S., Sil.; *and* Calend. or Ac.-Acet. lot. ext. (*if suppurating*).

Burns and Scalds: Cotton-wool saturated with lotion of Urt.-U. (*simple injury*); Canth. (*blisters*), or Kreas. Olive Oil and Carbolic Acid *or* (F. 32) to be applied on layers of cotton wool. On renewing the application, the lowest layer should not be removed, but re-soaked. "In treating burns by means of Ac.-Carbol., the pain is much more speedily relieved by leaving the injured surface exposed to the air, and applying the Carbol. oil with a feather or camel's hair pencil, at longer or shorter intervals as required" (*Dr. Dalzell*). When the ulcerative process has well begun, Calend. Cerate, thinned with Ol. Ol. The oil alone is, however, very soothing and comforting. Dr. Holland, from extensive experience in the treatment of burns, strongly recommends the Lin. Calcis (F. 24). A thick lather made with soft water and Castile soap, often applied, is excellent.

Ulcers from.—Calend., cerate, or Urt-.U. (F. 27), ext., *and* Kali.-Bich., Sulph., Phos., *or* Ars., int., Lach., Ars.

Calculus: Biliary—Ac.-Phos., Lyc., Berb. ø, Canth.; Podoph., Dioscor.

Spasm whilst passing.—Nux V., Dioscor., Gels., Acon., Cham., Calc. C., Ocimum Can., Bell. Hot hip-baths or fomentations. Atropine or Morphia by hypodermic injection is also recommended.

Vesical.—Lyc., Cann.-Sat., Canth., Merc. (*early symptoms*). Surgical measures.

See also Gravel.

Cancer: Ars., Hydras. large doses, Phyto., Coni., Scroph. Nod. (*of the breast*); Phos., Ornithogalum (*of the stomach*); Thuja, Radium X-Ray (*epithelial*); Symphytum (*of bone*), Ruta (*of rectum*). Condurango., Cicuta., Kreas., Aster Rub. Lobelia Erinus. Hydras., cold infusion ℥j. to water Oj. locally. Several cases of Cancer of the lip have been cured by *Hydras.* ext. with Ars. int. at the same time. Arn. (*from injuries*). Lapis Albus. Ruta ointment (an extract of Ruta in warm Vaseline).

Palliatives in—Acon. (from root) φ int. and ext., Ars. (*for pain*); Dulc., Opium. Coni. ext., Ver.-Vir. int. and ext., Carbo An., Ac.-Carbol., Condy's Fluid, Charcoal, (*as deodorisers*).

See also Scirrhus.

Cancrum Oris: *see* Mouth: Canker of.

Carbuncle : Bell. Hep.-S. (*forming stage and simple cases*); Apis Anthrac. (*much erysipelatoid swelling*); Sil. (*indolent*); Ars. *or* Lach. (*severe or malignant*). Linseed or yeast poultices.

Carcinoma : *see* **Cancer.**

Cardialgia (Mordens) ; *see* **Heartburn.**

Caries (*unhealthy inflammation of bone, with softening and disintegration, from Tubercle, Syphilis, Mercury, etc.*).

See **Bone, Teeth, Jaw, etc.**

Catalepsy : Cann.-Iod., Opi., Cup.-Acet., Cic., Mosch., cold douche.

Cataract : Bell. (*from inflammation*); Calc.-C. (*in the tubercular*); Sil., Coni., Euphr., Phos., Sulph.; Dig., Bary.-C., Sang. may relieve *senile* Cataract. Consult surgeon.

Catarrh : *see* **Cold.**

Chafing : *see* **Excoriation.**

Chancre : Merc., Ac.-Ait., Hep.-S., K.-Hydriod., Phyto. Calomel, Phyto. *or* Iodoform locally.

Change of Life : *see* **Menstruation :** CESSATION OF.

Chapped-hands : *see* **Hands.**

Chapped-Nostrils : Calend. Cerate. *See also* Nose : SORENESS OF.

Chest : ACHING, BURNING, OR WEAKNESS OF—Acon., Ars., Phos., Ac.-Phos., Sulph., Bry.

PLEURAL EFFUSION—Bry., Apis, Arn., Hep. *or* Ars., Iod., K.-Hydriod. (*in the tubercular*); Dig., Apoc. (*consequent on heart-disease*).

PAINS IN—Arn. (*stitch-in-the-side when walking*); Bry., Canth. (*pain catching the breath*); Phos. (*slight wandering pains*); Acon. (*shooting and severe*); Puls., Sep., Cimic. (*under left breast in women, and intercostal Rheumatism*).

SORENESS, RAWNESS, OR EXCORIATION IN—Ars., Phos., Bry., Hep.-S. (*rawness*); Sulph., K.-Hydriod.

TIGHTNESS, OPPRESSION, OR WEIGHT—Ars., Acon., Crot., Ign., Phos., Bry., Cact., Ipec., Sulph., Camph.

See also **Lungs, Heart, Pleurisy, Breathing, Cough,** etc.

Chicken-pox : Acon., Rhus; Bell. (*head-symptoms*; Apis (*excessive itching*); Canth., Ant.-t., Merc Inunction with camphorated oil relieves itching and inflammation.

Chilblain : SIMPLE—Agar., Tamus., Rhus, Arns., Pulsi. int. and ext. Glycerole of Ac.-Sulphs.; Ham. lotion; *or* Ac.-Carbol. ext.

INFLAMED—Bell., Ver.-Vir., Rhus, int. and ext.

BROKEN—Petrol., Agar., Rhus; Calend. ext., Glycerole of Starch and Calend.

ULCERATED—Ars., Petrol., Phos., Kreas., Ac.-Nit. A cerate or lotion of Calend., Rhus, Petrol., or Glycer., is a beneficial adjunct.

TENDENCY TO—Sulp., Calc.-C., Phos.

Child-bed Fever : *see* **Puerperal Fever.**

Child-Crowing : *see* **Croup.**

Chilliness *and* **Coldness :** FITS OF—Camph., Acon., Bry.

CONSTANT—China, Merc., Sep.

See also Shiverings.

Chlorosis : Ferr.-Red., Ferr.-Iod., Puls. Calc.-C., Sep., Nat.-Mur., Helon., China, Petrol.

See also **Menstruation :** SCANTY.

Cholera : SIMPLE, ENGLISH, OR SPORADIC—Camph. (*strong chills*); China (*simple with griping*); Ver.-Alb., Acon. ϕ, Ars. (*sudden and violent vomiting and purging*); Iris (*bilious motions and colicky pains*); Cup.-M., Ver.-Alb. (*cramps and blueness*); Acon., Ars. (*collapse*), Dios.

Asiatic, Malignant or Cholera Morbus—*Rubini's* camph. (*early stage*), *or* Acon. in drop-doses of the strong tincture; Ars. (*when developed*); Ver.-Alb. (*vomiting and diarrhœa predominant*); Cup.-M. (*severe cramps*); Phos., Ars., Carbo V. (*typhoid conditions*); China, Ac.-Phos. (*convalescence*); Acon., Ars., Ver.-Alb. (*collapse*), Ac.-Hydrocy.

Infantum.—Apoc., Ars., Pod., Ver.-A.

Chordee: Acon. int. and ext., Gels.,[*] Canth., Bell., Pic.-ac. 30, Camphor lotion.

Chorea: Cup.-M., Bell., Agar., Stram., Ars., Calc.-Phos.; Ign. (*from fright: recent and simple*); Cin., Sant., Merc. (*from worms*); Ver.-Vir., Strych.; Aur., Cimic., Spig., Ars., Zinc. Iod. (*chronic*). Cold or tepid baths.

Circulation: Languid—Lept. (*from liver disease*); Dig. (*from enfeebled heart*); Sep. *or* Ferr. (*women with scanty or deranged period*); Sulph., Bell., Rhus.-T. Also daily active exercise in the open air, the morning bath, and *vigorous frictions.* Sponging with cold water to which sea-salt is added, is often preferable to the bath, but with caution. Ling's specific movements—active and passive—Swedish movement cure. Icy coldness of the legs and feet has been quickly relieved by the *spinal ice-bag*, used half an hour to an hour *once* or *twice* a day.

Cirrhosis: Merc.-Cor., Merc., Dig., Ac.-Nit., Ars., Phos., Phyto; Crot.-Tig. (*with Ascites*).

Clap: *see* Gonorrhœa.

Clergyman's Sore Throat: *see* **Throat.**

Cold: In the Head—Camph., Gels., (*incipient cold with chills*); Acon. (*early stage with feverishness*); Dulc. (*from damp, wet, etc.*); Cepa (worse in a warm room, better out of doors); Ars. (*thin, acrid discharge, with influenza taint*); Merc. 6 (*sneezing, thick discharge, sore throat, chilliness and perspirations*); K.-Hydriod, 3x (*sneezing and simple fluid discharge*); *Puls.* (*in females and children, thick fœtid discharge, and loss of taste and smell*); Nux V. ("*stuffy cold*"); Euphr. (*acrid fluent coryza, profuse lachrymation and redness of conjunctiva*); K.-Bich. (*chronic catarrh, with tough sputa, digestive derangement, etc.*). Ars.-Iod., Graph., Ant.-T., Nat.-M. Turkish baths.

On the Chest—*see* Bronchial Catarrh, *and* Bronchitis.

Sensitiveness to—Camph., Rumex, Iod., Hep.-S., K.-Hydriod., Sulph.; Sep. (*women*; Dulc. (*best prophylactic against cold from damp*); Ars., Merc., Sil., Ac.-Nit. (*habitual*); Gels., Nux V., Phos., Sabad.

Colic: Coloc. (*paroxysmal with diarrhœa*); Diosc. (*bilious*); Bell., Plumb. (*with constipation*); Ver.-Alb. (*Colic, with or without diarrhœa, if accompanied by vomiting of bilious matter*); Iris, Collin. (*obstinate cases, with flatulence*); Colch. (in gouty patients); Nux V. (*tendency to colic*); *also from indulgence in food; and from fatigue*). A hot sitz-bath (deep), 98° to 100°, for ten to fifteen minutes, followed by friction of the abdomen for a minute or two with a cold, wet hand, is very useful; or large, hot fomentation.

In Children—Cham., Bry., Coloc., Cin., Nux V., Ipec.

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[*] Dr. Douglas has communicated to us several ases of violent painful nocturnal erections, in hich relief was rapid and permanent after a hort course of *Gels.* 0, in drop-doses, repeated ourly, for several times.

In Nervous Women—Cocc., Plat., Sec., Caul., Ign. (*uterine*).

From Lead—*see* **Lead-Colic.**

Coma : *see* Sleep : Comatose.

Concussion : *see* Brain, Spine, etc.

Condylomata (*syphilitic warty excrescences*) ; Ac.-Nit., Thuja, Merc.-Cor., Sabi., int. and ext. Phyto. and Glycerine.

Congestion : *see* **Brain, Liver, Lungs,** etc.

Conjunctivitis : Arg.-Nit., Merc.-Cor., Bell., Nux, Euphr., Ars., K.-Bich., Sulph. ; Gels., int. and ext. Boracic-Ac. lotion (*eight grains to the ounce*). Dr. Mackechnie adds, "For simple catarrhal conjunctivitis Nux V. is before all others." *See also* Eyes : Inflammation of.

Constipation : Chronic—Sulph. ; Nux V. 6 (*irregular action*) ; Bry., Opi. (*torpor*) ; Plumb. (*obstinate cases, with passage of hard small balls*) ; Lyc. (*with flatulence*) ; Hydras. (*simple cases with debility*) ; Æscul. (*with Piles and much pain*) ; Collin. 1x to 3x trit. (*simple cases, and those complicated by Piles or uterine disturbance*) ; Alum., Graph., Podoph., Nat.-Mur., Sep., Ac.-Nit. Also shallow sitz-baths for five to ten minutes, cold or 60° to 75°, according to reactive power. Friction of abdomen with the hand, after dipping it in cold water, for fifteen minutes in the morning.

Recent—Acon. (*with fever*) ; Bry., Nux V., Sulph.

In Children—Bry., Sulph., Nux V., Æscul., Kreas. (*in emaciated children, with teething troubles*) ; Alum., Opi., Sil., Collin.

In Old Persons—Ant.-C., Opi., Hydras., Collin.

During Pregnancy : *see* **Pregnancy.**

Consumption : *see* **Phthisis Pulmonalis.**

Of the Bowels—*see* **Tabes Mesenterica.**

Contusion : Arn. lotion ; Coni. (*involving the female breast*) ; Ruta (*the tibia*) ; Ham. (*with discoloration*).

Convulsions : Infantile—Bell. *or* Acon. frequently ; Bell. (*red, swollen face*) ; Cham. (*from indigestion, colic, etc.*) ; Ign. *or* Cin. (*from worms*) ; Glon. (*with Hydrocephalus*) ; Cup.-M., Ver.-Alb., (*with cramps*) ; Opi. (*from fright*) ; Gels (*rigidity*) ; Ver.-Vir., Chlor.-Hyd., Zinc.-Sulph. Also a warm bath, and sponging the head with hot water.

Epileptic—*see* **Epilepsy.**

Hysteric—*see* **Hysteria.**

Puerperal—*see* **Puerperal Convulsions.**

Cornea : Specks on the—Merc.-Cor., K.-Hydriod., administered on alternate weeks ; also using the same remedy as a lotion. Hydras. lotion is also recommended. Dr. Wheeler informs us that he has removed many opacities by a steady course of Phos. 6x and Sil. 6x, Calc.-c. 30.

Corns : Hard—Arn. *or* Ruta int. and ext. ; Sulph., Calc.-C., Sil. 3 and 30 int., Ac.-Nit., Castor-oil externally.

Inflamed—Alternate hot and cold water as applications. Ver.-Vir. as a paint.

Soft—Fer.-pic. ; Arnica-plaster ; Castor-oil.

Corpulency : *see* **Obesity.**

Coryza (*Cold-in-the-head*) : *see* **Cold.**

Cough : Dry—Acon. (*recent, burning dryness in throat, feverishness*) ; Bell. (*spasmodic, with cerebral congestion, worse at night*) ; Bry.

(*hard, tight, irritating, shaking whole body, burning soreness under breast-bone, stitches in chest*); Caust. (*hoarseness, involuntary urination*); Lauro, Hyos. (*worse at night on lying down, or coming on about* 3 *a.m.*); Sulph. (*obstinate, tight, following eruptions*); Iod., Brom., Spong., Ac.-Nit., Ac.-Sulph. by spray-producer (*laryngeal, tickling*); Lach. (*as if something in throat ought to be coughed up to afford relief*); Rumex (*worse when talking or in cold air, soreness under breastbone*); Ipec. (*recent wheezing, nausea, or vomiting*); Phos. (*short laryngeal, and bronchial tendency to lung disease, soreness in chest*); Graph. (*gruff voice*); Gels. (*severe in children*); Seneg., Verbas. (*short, hard*).

MOIST—Ant.-T. (*profuse easy expectoration, vomiting—no remedy of wider range*); K.-Bich. (*tough, stringy mucus, difficult expectoration*); Puls. (*loose, worse on lying down, for women, children*); Merc., Stann. (*chronic, purulent sputa, night sweats*); Hep.-S. (*chronic due to organic* disease, *chronic indigestion*); Ac.-Nit. (*chronic after subsidence of lung disease*); Phos. (*bronchial and lung disease, brown sputa*; Sulph. (*yellow mucus, Asthma, following eruptions*); Ars. (*debility, tight chest, difficult breathing at night*); Cocc.-Cact. (*spasmodic, after midnight with vomiting, copious expectoration*); Sep., K.-Carb., Lyc., Scill., Crotalus, Naja, Samb., Seneg., Sticta, Alum., Cepa, Caps. Viola-Od.

ee also **Hæmoptysis**: *and* **Voice**: HOARSE.

ERVOUS AND HYSTERIC—Hyos., Ign., Ambra, Agar., Coral., Coni., Cup.-M., Rumex, Nux V.

SPASMODIC—Dros., K.-Brom. (*tickling, retching, worse at night*); Ipec. (*vomiting*); Nux V. (*headache as if bruised, stomach cough after meals*); Coral., Ac.-Nit., Cup.-M., Ver., Bell., Ambra., Euphr. The frequency and violence of nervous coughs may be controlled by determined efforts of the patient's will.

See also Whooping-cough.

Coup-de-Soleil: *see* Sunstroke.

Courses: *see* Menstruation.

Cracks in the Skin: OF HANDS AND FINGERS—Merc.-Cor., Petrol., Calc.-C., Caust., Graph., Sil., Hep.-S., Glyc. of Starch (F. 2) *or* Calend-cerate (*if deep and bleeding*); Glyc. of Aloe (F. 1).

LIPS AND NOSE—Merc., Graph., Calc.-C., Ars., Ant.-T., Nat.-M., Sep. Glyc. of Starch, *or* Aloes. Aloes cures cracks in the skin of horses.

Cramp: *see* Spasms.

Crick-in-the-Back: Acon., Arn. (*recent*); Ant.-T., Rhus (*chronic*); Cimic., Bry., Nux V.

See Lumbago.

NECK—Acon. (*from cold*), either alone or alt. Bell., Ant.-T.; Dulc. (*from damp*); Bry., Nux V., Phyto.

Critical Age: *see* **Menstruation**: CES-SATION OF.

Croup (Laryngitis): CATARRHAL—Acon. *or* Spong.; Bry. *or* Ipec. c every ten minutes; and hot-water applications to the throat by mean of a sponge. Chlorum.

MEMBRANOUS—*see* Diphtheria.

SPASMODIC—(Laryngismus Stridulus—Acon., Spong., Bell., Gels.; K.-Brom. (*with convulsions*); Mosch. by inhalation; Cup.-M., Coral.

Crusta Lactea: Viola Tric., Crot., Sep., Sulph., Calc.-C., Rhus, Mezer.

Cuts: *see* Wounds.

Cyanosis: Dig., Cup.-M., Lach., Ars. Ver.-Alb., Lauro. This treatment can only be expected to be palliative.

Cynanche Tonsillaris: *see* Quinsy.

Cystitis: *see* Bladder: Catarrhal Inflammation of.

Dandruff: Ars., Graph., Sulph., Lyc., Sepia, Rhus. Lotion of Borax, Camphor, etc.

Deafness: Recent from Cold—Acon., Bell., Merc., Gels., Dulc., Puls. (*especially when caused by draughts while travelling or wet*).

Chronic (*from enlarged tonsils*)—Bary.-Iod., Iod.-Sulph., Merc.-Iod., Iod., Bell., K.-Hydriod., Calc.-Phos., Bary.-Carb. Also Turkish Baths.

After Eruptive Fevers—Sulph., Bell., Merc., Chel. (*deranged liver*).

From Nervous Causes—Phos., Petrol. (*noises in the ear*); Ac.-Phos.; Sod. Salicyl.; China or Sulp. Quin. (*periodic, or with roaring and buzzing noises in the head*).

Debility: Constitutional—Iod. (*tendency to faint, or to glandular enlargements*); Aletris; Helonias; Avena-Sat.; Ars., Merc., Ac.-Phos., Calc.-C., Ferr.-Phos. (*debility, especially of children*).

From Loss of Body Fluids—China, Ac.-Phos.; Ferr. (*anæmic*). Glycerine, or cod-liver oil.

Nervous—Ac.-Phos., Mosch. (*feeble pulse, cold extremities, defection, etc.*); Ign., Nux V. (*from bad habits*); China.

Delirium Tremens: Opi. 1x Bell. ø, Agar., Stram., Nux V. ø, Hyos. Ars., K.-Brom. ℥ss. Capsicum, or strong coffee in large doses. Dr. Dalzell reports that *Stram.* 1x, in drop doses, every one or two hours, has acted splendidly in two very bad cases, characterized by *violent, noisy* delirium, and *complete Insomnia.*

Dentition: Disorders during—Cham. (*fretfulness and sour diarrhœa*); Acon. (*feverishness*); Bell., Ver.-Vir., *or* Gels.) *head symptoms, and convulsions, with redness of the face*); Kreas. (*emaciation, great irritability, wakefulness and constipation*); Calc.-C. (*too early or too late*); Phyto., Merc. Sol., Silic. (*in tubercular subjects*), Bacil. (occasional doses).

Depression of Spirits: Ars. (*with emaciation*); Merc., Nux V., Podoph. (*with biliousness or liver derangement*); Ign. (*from nervous causes and mental emotion*); Puls., Plat., Cimic. (*in females, with deranged menstruation*); Aur. K.-Brom. (*suicidal tendency*); Ac.-Phos. (*with nervous debility*); Arn. (*with much sighing and weak heart*); Sec., Sulph., China, Lyc., Plumb., Spig., Helleb. Warm baths, for short periods.

Derbyshire-Neck: *see* Goître.

Diabetes: Uran.-Nit., Ac.-Phos., Ars., Nux V., Tereb., Helon., Gentian., Scilla, Nat.-Sulph. Skim-milk diet alone.

Diarrhœa: From Indigestible Food—Puls., Nux V., Ant.-C., Ipec.

From Cold—Camph. (*sudden, with chilliness*); Acon., Merc., Dulc. (*damp*); Coloc. (*with colic*).

Chronic—China (*in afternoon*); Ars., Merc.-Cor., Podoph.; Puls. (*nocturnal*); Lept., Aloes, Merc.-Cor. (*dysenteric, with piles*). Ol. ric. ø, gtt. ij. Milk diet.

DYSENTERIC—Lept., Merc.-Cor. 3x; Coloc., Aloes (*with Piles*); Merc.-Dulcis 1x trit. iii.-v. grs. for adults (*from disease of the liver*).

MORNING—Apis, Rumex, Ac.-Phos., Nuph.

SUMMER—Chin., Iris, Ver.-Alb., Ars.

IN CHILDREN—Cham., Merc., Rheum, Calc.-C., Iod., Iris., Ars., China, Ferr. (*passage of undigested food*). Sulph.

See also **Tabes Mesenterica.**

IN THE AGED—Ant.-C., Phos., Ars.

Diplopia: *see* **Sight:** DOUBLE.

Diphtheria: Acon., Bell., Phyto. (*mild, simple* cases); Merc.-Cy. 6 or 30 every two hours (*white membrane, with depressed vital forces*); Merc.-Biniod. 2x, 1 gr. every hour for four doses, then every two or three hours; Glycerine every three or four hours; plenty of good soup and fruit juices. Bapt. (*typhoid symptoms*); Laches. (*symptoms begin on left side and spread to right*); Lycop. begins right, spreading to left; Merc.-Iod. (*much swelling of the glands*); K.-Bich., Iod., Ac.-Mur., Liq. Calcis Chlor., Ars. alt. Ammon.-Carb. (*malignant, with great prostration and severe typhoid condition*); Ac.-Mur., *or* Ac.-Nit., Gargle of Phyto., *or* K.-Permang., Ac.-Sulphs. spray; Alcohol applied by brush or atomizer. Gargle:—Brom. ʒj., Glyc. ℥j., mixed with water, or as a paint to the throat. In an epidemic that occurred in Melbourne, Dr. Gunst found the following gargle of the greatest service:—One drachm of Milk-of-Sulphur suspended in a pint of water. A tablespoonful of brewer's yeast every two hours has proved of great benefit. Antitoxin may be used if the case is seen early. See Chapter on Immunity.

SEQUELÆ—Phyto. (*hoarseness, etc.*); Dig. (*enfeebled heart*); Gels., Ign., Coni., Strych. (*Paralysis*); China, Sulph.-Quin. (*debility*); Phos., Ruhs, Sulph., Sec. (*diarrhœa*); Ars. (*Albuminuria*).

Dizziness: *see* **Vertigo.**

Dropsy: GENERAL—Dig. (*from heart disease*); Ars., Elat., Apis. Hell., China, Apoc.; Acon. (*recent febrile*); Strophan.

LOCAL—Apoc., Ars., Apis (*abdomen: see* Ascites); Ars., Bry., Dig., Hell. (*chest*); Ars., Apis., Ferr., Sulph.-Quin., China (*extremities*); Apis, Ars. (*face*); Hell., Apoc., Bell., Sulph., Calc.-C., Sil. (*head*); Acon., Iod., Puls., Bry. (*joints*); Iod., Rhod., Aur. (*scrotum*). Dropsy from kidney-disease is greatly helped by milk diet, as recommended in **Bright's Disease,** *q.v.*

POST-SCARLATINAL—Ars., Apis., Apoc. Canth., Helleb., Tereb. (also after intermittent fevers), Sulph., Zinc. Great attention to the skin, smart sponging with hot saline water, and towel rubbings, followed by inunction of olive or cod-liver oil.

Drowsiness: MORBID—Acon. (*with yawning and general weariness*); Lyc. (*after dinner, with atony of the digestive organs*); Opi. (*preceded by excitement*).

See also **Sleep:** COMATOSE.

Dysentery: Acon., Merc.-Cor. 3x; Coloc. (*much colic*); Ham. 1x (*much blood*); Carbo V. (*chronic in the tubercular*); Bapt. (*passive*); Ipec., Podoph. (*children with prolapse of bowel*). All recent cases of dysentery that I recollect have yielded quickly—*i.e.*, within two days—to Merc.-Cor. 3x trit., if without much pain; if with pain in the abdomen, Merc.-Cor. alt. Coloc.; and I do not know of *any* failures.

Chronic—Aloes (*much straining, also when piles are present*) ; Sulph.-Quin. (*periodic*) ; Ac.-Nit., Merc.-Cor., Nux V., Ars., Sulph., Silic.

Dysmenorrhœa : *see* Menstruation : Painful.

Dyspepsia : Acute—Nux V. (*from indigestible food : pain, spasms, etc. ; or after mental exertion*) ; Puls., Ant.-C. (*from rich, fatty food, especially in children, the aged, and females*) ; Carbo V. (*in the aged*) ; Ipec., Coff., Acon., Bry.

Chronic—Nux V. (*pain after food, headache, flatulence, and constipation with urging, Piles, etc.*) ; Bry. (*sense of pressure, as of a stone in the stomach, with tenderness ; congestive headache ; head and stomach symptoms, worse with every movement : constipation without inclination to stool*) ; Puls. (*nausea, heartburn, flatulence, and vomiting of mucus, or diarrhœa*) ; Carbo V. (*oppression of the chest, with "fluttering" or palpitation of the heart from excessive flatulence, foul flatulence, acidity and offensive diarrhœa*) ; Lyc. (*weakness much flatulence, sleepiness after even light meals, and chronic constipation ; acid risings, especially in old persons ; lithic acid deposit in urine*) : Merc. (*depraved taste, offensive breath, waterbrash, oppression after food, "biliousness," costiveness, pale stools, and depression of spirits*) ; K.-Bich. (*chilliness, sense of coldness in stomach, yellow-coated or red tongue, heat of hands, dryness of mouth,* etc.) ; Rob. (*acidity with gaseous eructations*) ; Ign., Nux V. (*from grief, care, etc., with nervous symptoms*) ; Cham. (*in children and females, from worry, or from cold, with "bilious" headache, irritability*) ; Hydras. (*atonic dyspepsia, flatulence, torpidity of the liver, constipation, and languid circulation ; sense of "goneness"*), also Gels. ; Sulph. (*chronic constipation, Piles, eruptions, etc. ; dyspepsia in the tubercular ;* also as an intercurrent remedy, and frequently alt. Nux V.) ; Hep.-S. (*obstinate cases ; also when* Mercury *has injured the patient*) ; China, Sulph.-Quin. (*flatulence, auorexia, drowsiness, and oppression after eating*) ; Ant.-T., Ipec. (*retchings and vomitings*) ; Acon., Ars. (*from cold*) ; Calc.-C. (*indigestion with gulping up of food soon after it is swallowed—a kind of rumination*), also Sulph. ; Arn. (*from over-exertion*) ; Ars., Rhus, Bism., Arg.-Nit., Zinc. The abdominal compress is a valuable adjunct. Excessive indulgence in tea, or other hot beverage, is often a cause of indigestion, and has sometimes to be entirely relinquished. If over-indulgence in tea is suspected as the cause, Thuja will be found useful.

Constitutional—Calc.-C. Puls. *or* Rob. (*chronic acidity, with tendency to diarrhœa*) ; Sulph., Nux. V. (*flatulence, biliousness, tendency to constipation*) ; Ferr., Helon. (*anæmic patients*) ; Phos., Iod., Ars., Sil.

Dyspnœa : *see* Breathing.

Ear : Aching of—Puls., Bell., Cham., Merc.-S., Ver.-Vir., Gels. (*with toothache*) ; China (*periodic*). Puls seems to be a special ear medicine. Locally a few drops of Plantago ø on cotton wool inserted into the ear.

Inflammation of—Acon., alt. Bell. *or* Puls. ; Bell., Merc.-S.

Discharge from and Soreness of—Merc. Ac.-Carbol., locally (*thick, bloody, and fœtid discharge*) ; Puls., K.-Bich., Elaps (*thin discharge ; and when it follows Measles*) ; Aur.

(*yellow, fœtid discharge*) ; Ac.-Mur. (*Eczema, with burning itching ; and when following Scarlet Fever*) ; Calc.-C., Ars., Hep., Sulph. (*chronic*).

Noises in—Sulph.-Quin., Nat.-Salicyl. *or* Ac.-Phos. (*with deafness*) ; Nux V., Ign. (*sensitiveness to sound*) ; Bell., Ver.-Vir. (*ringing noises from congestion, with nausea*) ; Kali Iod. 30, Mosch., Puls., Acon., Macrot., Graph. (*roaring, thundering*).

Ecchymosis (*discoloration from extravasation of blood under the skin, as from a bruise*) ; Arn. (*when quite recent*) ; Ham. (*much discoloration*) ; Ac.-Mur. (*petechiae*) ; Rhus, Ruta.

See also **Purpura Hæmorrhagica.**

Ecthyma (*a cutaneous pustular disease*) ; Ant.-T., Ars., Merc., Rhus.

Eczema : Simple—Rhus, Merc., Hep., Sep., Led., Crot.-Tig., Sulph., Clem., Jug.-C. Professor Wilson's ointment of Benzoated Zinc has a most admirable effect in healing Eczema. " It does not *drive the eruption in*, as it is termed " (*Dr. Johnson*). General bathing is of great value in Eczema, as it promotes the functional activity of healthy skin, and so compensates for the defective action of diseased portions. For this purpose, pure rain water is best. The contact of water with the part affected should be avoided as far as possible. Patients should eat some uncooked vegetables every day, on account of the potash salts they contain.

Rubrum (*great redness and burning*) : Ars., Ant.-T., Nux Jug., Rhus, Ver., Crot.-Tig., Merc., K.-Bich., Ph.

Scalled Head *and* Milk-Crust—Merc.-Cor. Rhus, Graph., Mezer., Viola Tric., Ant.-T., Calc.-C., K.-Bich., Sil., Hep.-S., Nux Jug.

Emaciation : Ars., Iod., Ferr.. Merc., China, K.-Hydriod., Calc.-C.

See also Atrophy.

Emissions : *see* Spermatorrhœa.

Encephalitis (*inflammation within the cranium*) ; Acon. alt. Arn. (*if from an injury*) ; Bell., Ver.-Vir., Hyos., Opi. (*for the brain symptoms*) ; Bry., Hell., Apis (*effusion*) ; Bacil. (*tuberculous*). " In Encephalitis and every form of inflammation of the brain and its membranes," writes Dr. Nankivell, " I apply cloths wrung out of *hot* water, renewing them as soon as cool."

Endocarditis : *see* Heart : Inflammation of, and its Membranes.

Enteralgia : *see* **Bowels** : Pain in : *also* Colic.

Enteric-fever (*Typhoid Fever*) ; Bapt., Gels. (*earliest symptoms*) ; Ars. (*developed disease*), Ipec. (*excessive diarrhœa*) ; *also with Epistaxis*) ; Ver.-Alb. (*involuntary diarrhœa*) ; Ars., Ac.-Mur., *or* Rhus (*extreme prostration*) ; Tereb. *or* Ac.-Nit. (*intestinal hæmorrhage*) ; Phos., Bry. (*lung complication*) ; Hyos., Bell., Opi. (brain *disturbance*) ; Ac.-Phos., China, Ammon.-Carb., Nux V. (*debility following*).

Enteritis (*Inflammation of the bowels*) ; Acon. alt. Merc.-Cor., Merc.-Dulc., Ver.-Vir., Ars. Also *hot* fomentations, and a wet compress afterwards.

Enuresis : *see* Urine : Incontinence of.

Epilepsy : Recent—Ign. (*in children and females*) ; Viscum (*menorrhagic subjects*) ; Ac.-Hydrocy., K.-Hydriod., Bell. in 3 to 5 drop doses, Stram., Œnanth.-Croc., Ver.-Vir., Arg.-Nit.

Chronic—Bell., Bufo., **Cup.-M.**, Arg.-Nit., Hyos., Stram., Zinc., Calc.-C., Sulph.; Opi. (*fits in sleep*); Cina, Teuc., Ign. (*from worms*); Nux V., Agar., Œnanth.-Croc., Opi., Cocc. (*from alcohol*); Phos., Ac.-Phos., China, Nuph., Arg.-Nit., Ferr., (*from sexual excesses*); Plumb., Ars., Cic., Zizia, Scutel, K. Brom.

Epistaxis: *see* **Nose.** Bleeding from.

Erections: Abnormal—Ac.-Phos., Ac.-Picr., Lyc., *or* Nuph. (*feeble and painful*); Acon., Bell., Gels. (*spasmodic*).

See also **Chordee.**

Eructations: Nux V., Bry., Arg.-Nit., Lyc., Puls., Rob., Iris, Ac.-Sulph., Calc.-C., Ars., Carbo V., **Nux Mosch.**

See Dyspepsia.

Eruptions: General—Rhus (*vesicular with much itching*); Sulph., Merc. (*non-vesicular, with excessive itching, worse in warmth*); Bry. (*popular, burning itching*); Acon. (*recent burning itching, dryness of the skin*); Ars., Phyto. (*chronic, much burning,* and *formation of scales*); Ant.-T., Hep., Seneg. (*pustular*); Apis., Led. (*similar to bee-stings, with itching, and œdematous swelling*); Canth. (*patchy eruption, with superficial redness, and burning*); Bell. (*bright red patches*); Puls. (*similar to Measles*); Calc.-C., Rhus, Viola Tric., Graph. (*formation of scabs*); Hep.-S. (*dry scabs*); Staph. (*stinking*); Sil., Sep., Phyto., Lyc., Phos., Clem.

Suppressed—Sulph., Bry., Ant.-T., Camph., Puls.

See also **Eczema, Psoriasis, Herpes, Acne, Nettle-rash,** etc.

Erysipelas: Acon. *or* Ver.-Vir. int. and ext. (*at commencement and occasionally during its course*); Bell. (*bright redness with very little swelling; also when brain is involved*); Apis (*much swelling*); Rhus (*simple vesicular*); Canth. int. and as a lotion (F. 29) (*vesicular with much burning; also for* Arnica-*erysipelas*); Ver.-Vir. (*vesicular, with severe head symptoms*); Ars. Lach. (*much prostration*); Sulph. (*chronic*). Also Ver.-Vir. ø ext., 10 to 20 drops to eight ounces of water, or pure tinct. as a paint. Also Glycerole of Bell. *or* Ver.-Ver. (F. 13) covered with muslin.

Erythema (*a superficial inflammatory redness of the skin*); Bell., Acon., Apis, K.-Bich., Nux V., Ferr., Rhus (*E. nodosum*).

Excitement: Mental—Effects of—Acon., Bell. (*headache and palpitation*); Coff. (*sleeplessness*); Cham. (*with bilious derangement*); Nux V.

Excoriation: Cham. (*in infants*); Lyc., Sulph., Merc.-Sol., Calc.-C. (*unhealthy subjects*); Calend. *or* Hydras. ext.

Prevention of—Tepid washing, careful drying, and Calend. lot., morning and night, for the earliest symptoms. Starch powder, or a weak solution of Borax. Bismuth powder.

Excrescences: In Wounds, etc.—Ac.-Nit., Carbo An., Sil., Ac.-Carbol, ext. (*for "proud flesh"*); Ars., Ant.-C., Phos., Lach, Thuja, Phyto.

See also **Warts.**

Exhaustion and Fatigue: Mental—Ac.-Phos., Nux V., Gels., Calc.-C., Ign., Anac., Sil., Ac.-Pic.

Muscular *or* Physical—Arn., Ruta, Rhus., Hydras. Arnica bath, strong beef tea, *see* Myalgia.

Exophthalmic Goître: *see* Goître: Exophthalmic.

pectoration : *see* **Cough :** Moist.

tremities : *see* **Hands, Feet,** etc.

es : Aching of, *and* Pain in—Spig., Cimic. ; Ruta, Euphr., Jabor., Arn. int. and ext. (*from over-use*) ; Nux V. (*over-use, especially by artificial light*) ; Gels. (*pain in the eyes with dizziness*) ; Euphr. (*profuse lachrymation*); Acon., Bell. (*burning in eyeballs, with frontal headache*).

lack—Arn. *or* Ham. ext.

lear-Eyes—*see* **Eyelids :** Granular.

lood-shot—Acon. (*recent. from cold*) ; Bell. ; Arn. (*from mechanical causes—sneezing, foreign bodies, etc.*) ; Ars. (*chronic ; also* with *ulceration of cornea*) ; Spig., Cact., Sulph. (*tubercular Ophthalmia*).

nflammation of—Acon., Euphr., Merc., Arg.-Nit., Macrot., Sulph. (*catarrhal*) ; Merc.-Cor., Bell., Coni., Nux V., Spig., Gels. (*great intolerance of light*) ; Ars. Ant.-T. (*great intolerance, with tubercular Ophthalmia*) ; Clem., Calc.-C., Hep.-S., Iod., Hydras., Sulph. (*chronic tubercular*). In Ophthalmia, the instillation of Atropine —gr. j. ad. aq. distil ℥j—giving Bell. internally at the same time, and afterwards Sulph. *or* Ars., is almost invariably successful. Merc., Ac.-Nit., Aur., K.-Hydriod., Thuja (*syphilitic*) ; Arg.-Nit., Calc-C. (*in infants*) ; Ars. (*corneal ulceration*) ; Puls., Bell., Merc., Ant.-T., Sulph. (*following the eruptive fevers*). *Also* Calend. ext. (*for soreness*) ; Euphr. (*profuse discharge of tears*). *Poultice*—An excellent poultice may be made by mixing a pinch of powdered alum with a tablespoonful of cream, and clotting the whole by means of a gentle heat. This not only relieves the pain, but also reduces the inflammation and prevents agglutination of the eyelids.

Over-use of—*see above.*

Specks *or* Spots floating before —Hyos., Bell., Cocc., Coni., Merc., Ruta. Chel., Solanum (*rings and gauze before the eyes*) ; Ferri Cit. et Quin. (*from Anæmia*) ; Kali Hydriod. (*chronic*).

Weakness of—Ruta int. and ext. ; Sulph., Phos. Iod. ; Ver.-Vir. (*dimness from congestion*). Bapt., Ac.-Oxal., Nux-Mosch.

Wounds of—Acon. alt. Arn. ; Arn. *or* Calend. ext.—in *weak* lotion.

See also **Sight** *and* **Amblyopia.**

Eyelids : Agglutination of—Merc.-Cor., Calc.-C., Hep.-S., Sulph., K.-Bich., Puls., Graph.

See also **Eyes :** Inflammation of.

Granular—Merc.-Cor., Ars., K., Bich., Graph., Hep.-S., Sulph. Calc.-S., Puls., Phyto., Zinc.

Stye on—Puls., alt. Acon. ; Hep.-S., Sulph., Calc.-C., Apis, Merc.-Iod., and ointment of (F. 51) ; Thuja (*chronic*) ; Sulph. *or* Staph. (*to prevent recurrence*).

Vesicles on—Rhus, Hep.-S. *Also* Calend. *or* Euphr. ext.

Face :—Ache—Acon. (*from cold or depressing influences*) ; Bell. (*redness of the face and brain-disturbance*) ; Cham. and Merc.-S. alt. every two or three hours (*one-sided face-ache from cold*) ; Colc., Cimic. (*severe neuralgic shooting or cutting pains*) ; Ars. (*periodical*), Spig. (*pain extending to the orbits*) ; Gels. (*with twitching of the face*) ; Chel. (*morning neuralgia ; or from hepatic disorder*) ; Cimic. (*with uterine derangement*) ; Cham. (*with swelling and irritability*) ; Chin.-Sulph., I or IX trit. (*face-ache relieved by pressing a cold object on the cheek, or by walking up and down a room*).

See also Gum-boil, **Toothache**, and Neuralgia.

PALE AND SUNKEN—Ars. (*emaciation*) ; Ferr., Helon. (*anæmia* ; *see also* **Anæmia**); Calc.-C., Iod., Ac.-Phos. ; China *or* Cin. (*from* ***worms***).

REDNESS OF—Nux V. (*flushing after meals*) ; Acon. (*from excitement*), *or* Bell. (*scarlet redness*), Melilotus ; Sep. (*flushes*) ; Ferr., Carbo Veg.

SALLOW—Merc., China, Bry., Podoph., **Ars.**

SWELLING OF—Bell. (*with bright redness*) ; Cham. (*with toothache*) ; Apis (*puffy swelling*). Local applications of hot and moist chamomile or elder flowers in flannel. *See also* **Gum-boil.**

Fæces : Bry. (*very large*) ; Merc. *pale and costive, with depressed spirits*) ; Nux V., Collin. 1x trit. (*hard and large, and expelled only after frequent effort*) ; Nux V. (*when the difficulty arises from irritable spasm of sphincter*) ; Sulph. (*knotty*) ; Plumb. (*dark, hard, small balls*) ; Opi. (*dark and knotty, with great torpor of the bowels*) : Alum. (*soft but difficult*) ; Dig. (*white*) ; Graph. (*hard and knotty*) ; Ars., China, *or* Ferr (*containing undigested food*) ; Ars., Ver.-Alb. (*watery*) ; Sec., Phos., *or* Ac.-Phos. (*passed involuntarily*) ; Puls., Cham., Caps., *or* Merc. (*mucous*) ; Lept. (*black*).

See also **Diarrhœa, Dysentery,** etc.

Fainting : Mosch. *or* Camph. by olfaction ; Acon., Opi. (*from fright*) ; Nux V., Nux Mosch. Also the HORIZONTAL POSTURE.

TENDENCY TO—Iod. (*from constitutional causes*) ; China (*from loss of fluids*) ; Ars. (*great debility*) ; Ver.-Alb. (*coldness and blueness of the skin, with clammy sweat*) ; Nux
Mosch. (*neurotic patients who wa*
early with a dry mouth) ; Chan
Cocc., *or* Ign. (*hysterical*).

Faintness : SENSE OF AT EPIGASTRIU
—Cimic., Gels., Lept.

Falls *and* **Stuns** : *see* Contusion, *ar*
Brain, Spine, etc.

Famine-Fever : *see* Relapsing Fever.

Fatigue : *see* **Exhaustion.**

Favus : *see* **Porrigo.**

Fear : *see* **Fright.**

Febricula : Acon. ; Camp. (*sudde*
chilliness) ; Bell. (*headache*) ; Ar
(*with prostration*).

Feet : ACHING, BLISTERED *and* SORE-
Arn. int. and ext. as a bath (*fro*
over-walking) ; Arg.-Met.

See also Myalgia.

BURNING IN—Sulph. (*hot and mois*
Must put them out of bed at nig
or shift them to a cool place in bed
Canth. (*in the soles at night i*
hysteric females) ; Calc.-C., Graph
Phos., Ac.-Phos., Led., Api
Secale.

CHILBLAINS ON—*see* **Chilblains.**

COLDNESS OF—Sulph. (*with hot hand*
and face); Calc.-C. (*cold an*
clammy as if stockings were damp)
Ars. (*cold and clammy*) ; Ferr
Sil., Nat.-Mur., Sep., Puls., Grapl
Daily use of the skipping-rop
walking or other active exercis
also sufficient meat and othe
stimulating diet. Washing th
feet *with*, but not *in*, cold wate
every morning.

See also Circulation : LANGUID.

GOUT IN—Rhus, Led.-Pal., Rhod
Sulph., Sabi., Arn., Lyc., Frictio
with oil for twenty minutes mor
ing and night.

PAINS IN—Bry. *or* Led.-Pal. (*Rhe*
matic or gouty) ; Rhod. (*neuralgic*
Rhus T., Apis. Friction with o

ERSPIRATION OF—Sulph., Sil. (*suppressed or excessive; fœtor*); Calc.-C., Graph., Petrol., Ac.-Nit. Frequent washing in water to which a little *Condy's Fluid* is added.

WELLING OF (ŒDEMATOUS)—Ars. (*with emaciation*); China (*with simple debility*); Ferr. (*with anæmia*); Sil., Apis., Phos., Puls. Caust., Sulph. Friction with oil.

VEAKNESS OF—China. Sulph. Friction with oil.

ee **Ankles.**

lon : Sil., Ac.-Carbol. 3x, Apis.

ee **Whitlow.**

ster : Ac.-Nit. int. *and* locally.

ENDENCY TO—Petrol., Hepar. Sul.

ver : SIMPLE, *and* SIMPLE CONTINUED —Acon. (*full, bounding, quick pulse, aching pains in the limbs). without brain symptoms*); Ver.-Vir. (*same as* Acon., *but with gastric and brain disturbance*); Bell. (*brain disturbance,—red face, throbbing temples, etc., and moderate pulse*); Gels. *remittent or passing off without perspiration; "inward fever"*); Bry. (*heavy stupefying headache, shooting pains in limbs*); Ars. (*prolonged, occurring in feeble patients*); Bapt., Ars. Ac.-Mur. ("*low fever*"; *typhoid symptoms*). In simple continued fever, *Bapt.* should be given early, especially when *Acon.* does little good.

nger : GATHERED—*see* **Whitlow.**

ssures : *see* **Cracks.**

stula : Sil., Calc.-C., Ac.-Fluor., Caust., Aur., Bells P., Thuja, Hamam., Sulph., Phyto., Lyc. Surgical measures sometimes necessary.

ee Anus, etc.

Fits : *see* **Epilepsy, Hysteria, Fainting, Apoplexy, Convulsions,** etc.

Flatulence : Nux V., Carbo V., Puls. (*of stomach*); Asaf., China, Lyc. (*of Abdomen*); Tereb., Collin., Arg.-Nit., Calc.-Iod. Ol. Cajuput. may be given on sugar as a palliative.

See also **Dyspepsia.**

Flooding : *see* **Labour** *and* **Menstruation.**

Fluor Albus : *see* **Leucorrhœa.**

Flushing of Heat : Nux V. (*in the face after meals*); Acon.-Bell. (*from excitement*); Cimic., Sep., Apis., Lach. (*flushes at the climacteric period*); Carbo An., Glon.

See **Menses :** CESSATION OF.

Fœtid Breath : *see* **Breath :** OFFENSIVE.

Fracture—TO PROMOTE ADHESION IN —Ruta, Symph., Calc.-C., Sil.

Freckles : Phos., Graph., Sulph., Ac.-Nit., Sep., Natr.-Mur., Canth.

Fright : EFFECTS OF—Acon. (*palpitation* or *quickened circulation*); Coff. (*extreme nervous irritability*); Opi. (*stupor*); Hyos., Bell. (*brain disturbance*), *especially in children*); Ign. (*convulsive movements*); Gels. (*affecting bowels or bladder*); Anac., Cham., Nux V., Puls.

Frost-bite : Rubbing the part with snow, afterwards with cold water, and avoiding exposure to heat, so as to prevent too sudden reaction.

See also **Chilblain.**

Fungus : *see* **Excrescences.**

Furunculus : *see* **Boil.**

Gall-Stones : Chin. 6, Calc.-C. 30, Podoph., Merc., Nux V.; Chel. ø expels and prevents. Berb. ø, Acon., Opi. (*during their passage*); Sulph. (*to prevent reformation*).

℥ij. to ℥iv. of olive oil facilitates their expulsion. Pareira Brava θ ʒss in a wineglassful of warm distilled water every half-hour.

Ganglion : Ruta, **Arn.**, **Sil.**, Calc.-C., Ac.-Benz., Hep.-S.

Gangrene : Ars., Lach., China, Carbo V., Sec. Ac.-Carbol. int. and ext.,

Gastritis : *see* **Stomach :** INFLAMMATION OF.

Gastrodynia *and* **Gastralgia :** Ars. Bism., Nux V.

See **Stomach :** PAIN IN.

Gathering : *see* **Breast, Whitlow, Boil,** etc.

Giddiness : *see* **Vertigo.**

Gin-Colic : Acon., Merc., **Bry.**

Glandular Swellings : ACUTE—Bary.-Carb., Bell., Rhus (*hard stony feeling*) ; Hep.-S., Merc., Sil. (*when suppuration is threatened*). Hot fomentations or poultices.

CHRONIC—Merc.-Iod., Iod., Calc. C., Arum Triph., Calc.-Phos., K.-Hydriod., Sulph., Bary.-Carb., Coni., Cistus.-C., Phyto. int. and ext. (*hard swellings*) ; Compress of linen dipped in lotion of K.-Hydriod. Frictions with oil for thirty minutes twice daily.

Glaucoma : K.-Hydriod. (*congestion and inflammation of the choroid*) ; Merc. (*hepatic, uterine, and hæmorrhoidal complications*) ; Nux V. Spig., Bry., Colch., (*rheumatic or arthritic symptoms*) ; Bell., Spig., Merc., Cham. Ruta. (*ciliary neuralgia*).

Gleet : Cinnabar, **Cann.-Sat.**, Canth., **Ferr.**, Puls., Nux V., Petrol., Petros., China, Sulph. Thuja, Ac.-Nit. Dr. J. M. Moore writes —Petrol. 2 or 3 has cured, in my hands, many cases of *long standing.* Injection of Glycerine and Hydras. (F. 14). Sea-bathing.

Glossitis : *see* **Tongue :** INFLAMMATIO OF.

Goître : Spong., Calc.-C., Merc.-Iod Iod., Brom., Thyroidin, Sulph Lapis alb., Merc.-Biniod. ointmen applied to the Goître.

See also **Glandular Swellings.**

EXOPHTHALMIC—Bell. ; Thyroidin Ferr. (*anæmia*) ; **Ars.**, China. Ac.-Phos., Spigel.

Gonorrhœa : Cann-Sat. ø 3 to 5 drop thrice daily Gels ø (drop doses) Merc.-Cor., Canth., Thuja, Bell Dr. Clifton recommends *Gels.* (one or two drop doses thrice daily or sometimes alternated with one grain of Merc.-Sol. 2x trit. Injections of hot normal saline solutions are best. Strong injections are to be avoided. The testicles should be supported by a suspensory bandage.

See also **Gleet, Chordee,** and **Chancre.**

Gout : ACUTE—Acon., Bry., Colch. Dig., Lyc., Verat. V., Arn. ; *also* Arn., Acon., Led., Ac.-Acet., *or* Ol.-Æscul. ext. Dr. Burnett has had great success with Urtica Urens ø in ten-drop doses two or three times a day.

CHRONIC.—Puls., Sulph., Led. ; Nux V., Bry., Rhod. (*of the upper extremities*) ; Rhus, K.-Hydriod., Staph., Podoph. 1x, in two-grain doses, morning and night, in addition to more closely indicated medicines. Frictions with oil. Buxton Waters. A course of Friedrichshall and Carlsbad water is also recommended.

Gravel : **Lyc.**, Sars., Ac.-Phos., Bry. Nux V., Eup.-Pur., Berb., Ac.-Oxal,. Milk. Cider. Drinking soft or distilled water.

Green-sickness : *see* **Chlorosis.**

Grief : *see* **Anxiety.**

Gripes : *see* **Colic.**

um-boil : Acon., **Bell.** (*first symptoms*) ; Merc.-V., Sil., Hep.-S. (*suppurative stage*) ; Silic. and Merc. are antagonistic, so one should not be given after the other. **Merc.,** Phos. (*to prevent recurrence*).

um-rash : Cham., Ant.-C., **Puls.,** Calc.-C.

utta-Serena : *see* **Amaurosis.**

æmatemesis : Acon. (*flushed face, full pulse, and in plethoric persons*) ; Ipec. (*bright-red blood, with much sickness*) ; Ham. (*venous blood*) ; Arn. (*from injury ; dark blood*) ; Ac.-Nit., Acalyph.-In. 5x. The stomach should *rest*, and the patient be fed by the rectum. Beef-tea and cream, essence of meat, etc., form nourishing enemeta. Iced-water or lemonade may be sipped.

æmoptysis : Ferr. Acet. 1x., Ferr. Phos., Ipec., Phos., Gallic Acid, Ham. (*venous*) ; Mill. (*arterial*) ; Acalyph.-In. 5x, Apoc. ; Acon. (*plethoric patients*) ; Arn. (*from injury*). Absolute rest of mind and body. Rest on a mattress with the head and shoulder a little raised.

æmorrhage : From the BLADDER or KIDNEYS—Canth., Tereb., Mill., Ham. ø.

BOWELS—Tereb., Ham., Ipec., Ars., Ferr.-Phos., Erig.-C. *See also* **Hæmorrhoids** and **Dysentery.**

LUNGS—*see* **Hæmoptysis.**

NOSE—*see* **Nose.** BLEEDING FROM.

STOMACH—*see* **Hæmatemesis.**

UTERUS—Croc. (*dark*) ; (Sabi. *bright-red*) ; Sec., Ham., **Caul.,** Ipec., Plat., Trill., Ac. Nit.

See also **Labour** *and* **Menstruation.**

æmorrhoids : Nux V. with occasional doses of Sulph. (*for persons of sedentary habits*) ; Sulph., Æscul. (*fleshy piles*) ; or Nux V. (*constipation*) ; Collin. (*constipation with uterine difficulties*) ; Acon. ø, Ars. *or* Carbo V. (*when inflamed*) ; Aloe, Collin., *or* Nux V. (*during pregnancy*) ; Graph.

BLEEDING—Ham. int. and ext. ; Trill., Sulph. (*dark blood*) ; Acon., Aloe (*excessive, bright blood, with much pain*) ; Collin., Caps.

CHRONIC—Ars. (*with emaciation*) : Ferr., Helon., Hydras. (*cachetic individuals*) ; Ac.-Nit., Caustic., Sulph., Hep.-S., Brown bread, vegetables, fruits. Abdominal compress.

In the treatment and prevention of Piles, the use of wooden or cane-bottomed chairs, instead of soft cushioned seats, is an important adjunct.*

Hair : FALLING OFF OF—Canth., int., and ext. in pomade ; Ac.-Phos. (*after illness, or from general debility*) ; Aloes, Ac.-Fluor., Iod., Ars. ; Calc.-C., Sepia (and ext.), Sil., Sulph. (*with chronic headache*).

Hands : CHAPPED—Arn.-, Calend.- *or* Glyc.-cerate, or Glyc. Starch (F. 2) ; Petrol. 12, int., and Petrol. Soap ext., or Ac.-Sulphs. and glycerine (F. 12), ext. ; internally Calc.-C., Graph.

See also **Chilblains.**

COLDNESS OF—Acon., Sep., Bary.-Carb., Puls., Nat.-Mur., Sulph.

CRACKS IN—*see* **Cracks.**

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* The course of the arterial circulations of the buttocks and thighs appears to be so arranged that when sitting on hard seats the pressure is sustained by the bones ; on the contrary, on cushioned seats the weight of the body is chiefly sustained by the soft parts, and, consequently, pressure is made on the blood-vessels ; hence soft seats favour the production of piles, as also of uterine disorders, by pressure on the arteries as they emerge from the pelvis, and so tend to drive the blood into the interior of that cavity. This is well demonstrated by Mr. Holden in St. Bartholomew's Hospital Reports, vol. vi., article *Medical and Surgical Landmarks.*

DRYNESS AND BURNING OF—Phos., Sil., Sang., Lyc., Trill.

PAINS IN—Bry., Colch., Led., Caul. (*rheumatic or gouty*); Rhod. (*neuralgic*); Arn. (*aching from over-use*); Ruta, Puls. Gentle friction with oil.

See **Gout** *and* **Rheumatism.**

PERSPIRATION OF—Calc.-C., Nat.-Mur., Sulph., Thuja.

PSORIASIS, ROUGHNESS, AND REDNESS OF—Merc., Petrol., Phyto., Bell., Hep.-S., Graph., Bary.-Carb., Ars., Alum., Selen. (*of palms*).

SWELLING OF—Bell. (*with much redness*); Apis (*acute œdema*); Ars., Iod., China, Ferr. (*from constitutional debility*).

TREMBLING AND WEAKNESS OF—Phos., Sulph., Anac., Opi., Merc., Nux V., Sil., Arg.-Nit. (*non-mercurial*); Bell., Nux V., Ac.-Nit. (*mercurial*); Agar.

Hay-Asthma: Sabad., Ipec., Ac.-Hydrocy., K.-Bich.; Euphr., Gels., Sanguin. (*profuse lachrymation*); Ars. (*great debility*); K.-Hydriod. The inhalation of *Ac.-Sulphs.* or *Anthoxanth* is recommended. Swedish movements when the chest is contracted. Also residence by the sea or on a barren common.

PROPHYLACTICS—Sabad., Ars., K.-Bich., Psorin.

Headache: BILIOUS AND SICK—Cham. (*in females from cold or worry*); Iris (*much vomiting of bile*): Bry. (*worse with every movement; vomiting of bitter fluid*); Gels. (*blind headache*); Glon. (*full, bursting headache*); Sang. (*mostly over right eye*); Nux V. (*nervous and sick, with constipation*); Ipec. (*intense sickly feeling, with much retching*); Ver.-Alb. (*pain in eye-ball, coldness of the skin, and prostration*); Acon. (*followed by vomiting of bile, or from cold; see under* Cham.); Sulph., Cimic., Lach. (*at the critical age*); Cocc., Merc., Puls., Sep., Stann. (*attaining a climax and then decreasing*).

CATARRHAL—Acon. (*chills and flushes of heat, throbbing temples*); Euphr., Gels. (*profuse lachrymation*); Bry., Merc.-S. (*in rheumatic patients*); Merc., Nux V., Cimic.

CONGESTIVE—Bell. (*redness of the face, throbbing of arteries, and sensitiveness to noise, light, etc.*); Bry. (*frontal, with giddiness, inclination to vomit, and torpor of the bowels*); Acon., Ver.-Vir. (*with plethora*); Nux V. (*pain at the back of the head, with irregular action of the bowels*); Hell. (*at night, in occiput and nape of neck*); Sulph.-Quin. (*periodic*); Glon. (*more in the morning, with excessive throbbing*); Gels., Cact. (*aching in eyeballs, and giddiness*); Phell., Leptand. Hot fomentations.

NERVOUS—Ign. (*Monthly or fortnightly; weight at the back of the head; sense as if a nail were driven into the skull*); Nux V. (*in persons of sedentary habits, who study much*); Bell. (*see indications above*); Coff. (*with sleeplessness*); Gels. (*with giddiness*); Sulph.-Quin. (*periodic*); Ars. (*periodic, in forehead and orbits*); Hell. (*stunning, stupefying; pain in nape of neck*); China, Ac.-Phos., Ferr. (*from debilitating losses*); Cham., Spig., Coloc., Sep., Cimic., Kali Carb., Sitz baths, tepid or cold, still or running, for shorter or longer periods (*Dr. Johnson*).

RHEUMATIC—Acon., Bry., Cimic., Ac.-Nit., Rhus, Spig., Phyto.

CHRONIC AND OBSTINATE—Arg.-Nit., Calc.-C., Phos., Plat., Plumb., Sil., Stann., Zinc.

FROM HEART-DISEASE—Cact., Lilium, Acon., Bell., Dig., Gels.

FROM MENTAL CAUSES, OVER-STUDY, ANXIETY, etc.—Nux V., Aur., Phos., Ac.-Phos., Anac., Cimic., Gels., Ign., Sil., Calc.-C.

ead Lice: Ung. Merc.-Præcip.-Alb., Ung. Merc.-Ammon.-Chlor. Free washing afterwards. Internally, Nat.-M.

earing: HARDNESS—*See* **Deafness.**

MORBIDLY SENSITIVE—Ign., Nux V., Cann.-Ind., Cup.-M., Coff., Bell., Aur., China, Cham.

eart: CONGESTION OF—Acon., Cact., Ver.-Vir., Asaf., Opi., Puls., Sulph.

DISEASE OF—Dig. (*slow, or quickened and feeble, irregular and intermittent pulse; dilatation*); Cact. (*sensation as if the heart were grasped firmly*); Acon. (*violent palpitation as in Hypertrophy*); Lilium (*with uterine disorder*); Spig. (*stabbing pain*); Ver.-Vir. (*cardiac debility, with diarrhœa, faintness, and collapse*); Arn. (*induced by over-exertion*); Collin. (*with dyspepsia or portal congestion*); Phos., Ac.-Phos., Cact., Calc.-C. (*fatty degeneration*); Ars., Aurum (*great debility, dyspnœa, dropsy,* (*etc.*); Apis (*threatened dropsy*); Camph., Mosch. (*for various paroxysmal sufferings*).

NFLAMMATION OF, AND ITS MEMBRANES—Acon., Spig., Cimic. (*violent action of the heart; rheumatic peri- and endo-carditis*); Acon., Bry., Asclep.-Tub. (*pericarditis*); Bry. (*rheumatic patients, and when serous effusion is threatened*); Colch., Apis (*gouty patients*); Ars., Laches., Naja (*great debility, dropsy*); Hot linseed-meal poultices, frequently renewed.

ALPITATION OF—Acon. (*from excitement and organic disease*); Mosch., Camph. (*simple nervous*); Ign. (*from grief*); Coff. (*from joy, with wakefulness*); Cham. (*in children and females, from worry or anger*); Opi., Ver.-Vir. (*from fright, etc., with fluttering dyspnœa, etc.*); Bell. (*pulsation extending to the head*); China, Ac.-Phos., Ver.-Vir., Ferr. (*from debility*); Nux V., Gels. (*from spinal irritation*); Cact., Spig., Gels., Dig., Laches., Naja, Puls., Iod., Hyper., Ambra., Bary.-Carb. have been found useful. Cold compress over heart.

See also **Angina Pectoris, Dyspnœa,** etc.

Heartburn: Puls., Bism. 3x trit.; Iris, Bry., Caps. ø, Nux V.; Carbo V. 12, Calc.-C. 12-30, Rob. (*with chronic acidity*); Lycop. Lemon juice may be taken, but new bread and pastry must be avoided.

Heat-spots: *see* **Eczema:** SIMPLE.

Hectic-Fever: China, Ac.-Phos., Gels., Phos., Ars., Hep.-S., Sil., Sulph.

Helminthiasis: Cin., Sant., Merc., Teuc., Ign., China, Ferr., Ant.-C., Spig., Dr. Nankivell advises Cin., Ign., and China to be given in mother tincture, and the Sant. in powder, 1-gr. doses.

See also **Worms.**

Hemicrania: Bell., Nux V., Ign., Coff., Puls., Aur., Ars., Chelid, Calc.-C.

See also **Headache:** NERVOUS.

Hemiplegia: Bary.-Carb., **Nux** V., Lyc. (*right side*); Arn., Cocc.

See **Paralysis.**

Hepatitis: *see* **Liver:** INFLAMMATION OF.

Hernia: ACUTE PAIN FROM—Acon., Nux V., Bell., Silic. (*in children*). A proper truss should be worn.

Herpes: Acon. (*fever, neuralgia, etc.*); Rhus (*simple cases*); Ars., Merc. (*with neuralgia and debility*); Phyto., Iris., Graph. (*ulcerating*); Phos. (*in phthisical constitutions*); Ran.-Bulb. (*Pleurodynia*); Graph., Nux Jug. (*chronic*).

Circinnatus—Tellur., **Iris**, Sep., Ac.-Nit.

See also **Ringworm.**

Zoster—Rhus, Ran.-Bulb., Cist.; Ars.; Canth. lotion (*for itching*).

Hiccough: Nux V. (*simple spasm, and in hard drinkers*); Ac.-Sulph., Rob. (*acid eructations*); Acon., Ars., Bell., Ver.-Vir., Gels., Hyos. (*in brain affections*).

Hip-Joint Disease: *Acon. (*fever*); Coloc., Rhus, Bell., Merc.-S. (*pain*); Sil., Calc.-Phos., Calc.-C., Ferr.-Iod., Hep.-S., Ac.-Phos., Chin., Kali C., Bacil. Immediate and perfect rest. Obtain a surgeon's advice.

Hoarseness: *see* **Voice**: Hoarse.

Hordeolum: *see* **Eyelid**: Stye on.

Housemaid's Knee: Apis, Sil.; Puls., Lyc., Arn., Rhus Tox. int. and ext. Locally a lotion of Kali Iod. (5 grs. to the ounce) is often of good service. Rest from kneeling is an important element in the treatment.

Hunger-pest: *see* **Relapsing-Fever.**

Hydrocele: *see* **Dropsy**: Local.

Hydrophobia: Bell., Stram., Lach., Hydrophobin, Scutel; the likeliest remedies to prevent the development of the poison; one of them should be administered in a low dilution directly after infection and the patient kept under its influence for some time.

Hydrocephalus: *see* **Brain**. Inflammation of, *and* Dropsy of.

Hydrothorax: *see* **Chest**: Dropsy o

Hypochondriasis: Aur., Nux V. Anac. (*chiefly in males*); Cimic. Ign., Sep., Petrol., Plat. (*chiefl in uterine derangements, especiall at the change of life*); Ars., Arg. Met., Lyc., Sulph., Coni. Shar discipline, change of air, scene and treatment.

Hysteria: Mosch. (*with tendency t fainting, headache, constriction o the chest, and general chilliness*) Ign., Puls., Gels., Cimic., Plat. Cocc., Asaf., Caul., Zinc.-Val. Hyos., Bell., Nux Mosch.

Hysteric-Convulsions *or* **Fits**: Camph. *or* Mosch. int. or by olfaction Acon., Opi. (*if caused by fright*). Cold douche to the face.

Impetigo: Viola Tric., Ant.-T., Hep.-S., Ant.-C., K.-Bich., Clem., Ars. Ac.-Carbol. and Glycerine ext (F. 32).

See also **Eruptions.**

Impotence: Phos., Coni., Dig., China, Ac.-Phos., Hyper., Selen., Nux V., Ferr., Bary.-Carb., Agnus., Nuph., Sulph., Iod. (*atrophy of the testicles*); Caladium (*with coldness of the organs*); Arnica (*from an injury*).

Incontinence of Urine: *see* **Urine.**

Indigestion: *see* **Dyspepsia.**

Influenza: In general, *Baptis.*; afte Baptis., Acon. *or* Gels. (*at first*); Gels. (*first and second stages*); Ars., K.-Hydriod. (*second and later stages*); Eup.-Perf. (*bone pains*); Phytolacca (*Throat cases*) Sang. or K.-Bich., Scilla (*troublesome cough*); Sulph., Phos. (*tediou cases, with chest symptoms*); Rhus Caust.

Insolation: *see* **Sun-stroke.**

Intermittent Fever: *see* **Ague.**

Intertrigo: *see* **Excoriation.**

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* An important element in the diagnosis of this disease is furnished by a comparative examination of the nates. In health they are firm and globular, from a large accumulation of fat over the great muscle of each buttock. Wasting of one is an early symptom of hip-joint disease.

itis : Arn. (*traumatic*) ; Bry., Gels., Merc.-Cor., Ars., Kali B., Bell., Acon. (*rheumatic*) ; Cinnab., Merc., Clem., Merc.-Iod., K.-Hydriod. (*grain doses*), **Aur.** (*syphilitic*).

See also **Eyes** : INFLAMMATION OF.

ritation : *see* **Itching.**

ch : *see* Scabies.

ching of the Skin : Acon. (*great itching, with feverishness*) ; Sulph., Aur., Petrol., Rhus Rad. (*with dry harsh skin, worse in bed or in warmth*) ; Ars. (*burning itching, with debility*) ; Ign. (*fine pricking itching*) ; Rumex (*worse on undressing*) ; Rhus., Crot.-Tig., Nux V., Arg.-Nit., Mez., Merc., Iod., Led., Dolich. Cold compresses are recommended. Inunction with Camphor liniment.

F THE SEAT : *see* **Anus** : ITCHING OF.

undice : ACUTE—Acon., Merc., China alt. Merc.-S., **Nux V.** ; Cham.

HRONIC—Phos., Lept., Chelid., Podoph., Hydras. alt. Nux V., Dig., Ars. ; China (*in children*) ; Hep.-S., Ac.-Nit. (*from* Mercury) ; Merc. (*from* Bark *or* Quinine).

ALIGNANT : Phos., Ars.

w : CARIES OR NECROSIS OF—**Phos.**, Sil., Ac.-Phos., Aur.-Mur., **Plumb.**, Acet.

PASM OF—*see* **Tetanus.**

AINS IN—Acon.; Merc., Cimic., Bell. (*with rigidity*) ; Spig. (*neuralgic or rheumatic*) ; Petrol. (*as though dislocated*).

ints : ACHING AND STIFFNESS OF—Arn. (*from exertion*) ; Rhus (*from a strain*) ; Bry., Rhus, Phyto. (*rheumatic*) ; Ruta, Caust., Nux V., Petrol., Macrot. Also frictions with oil.

ROPSY OF—Iod., **Bry.**, K.-Hydriod., Canth.

INFLAMMATION OF (*Synovitis*).—(*febrile symptoms*) ; Bry. (*rheumatic patients*) ; Led. (*with constant chilliness*) ; Merc.-Prot.-Iod. (*chronic and painful*) ; Puls. (*females and children*) ; Sil., Hep.-S. (*suppuration*) ; Merc. (*chronic cases*) ; Phyto. int. and ext. (*strumous*) ; K.-Hydriod. (*syphilitic*) ; Berb., Ac.-Benz., Iod.

RHEUMATISM OF—*see* **Rheumatism.**

SWELLING OF—Sil., Calc.-Phos. ("*white swelling*") ; Merc., Hep.-S., Puls., Bell. ; Ac.-Phos., Sulph., *and* Calc.-C. (*as constitutional remedies*).

WEAKNESS IN—Calc.-C., Ruta, Caust., K.-Carb., Merc., Lyc., Sulph.

See also **Gout, Rheumatism,** etc.

Joy : EFFECTS OF EXCESSIVE—**Coff.**, Puls.

Kidneys : CONGESTION OF—Tereb.

INFLAMMATION OF—Acon., Gels., Bell., Helleb. (*fever*) ; Tereb. (*suppressed, or scanty, smoky, thick, fœtid, or even bloody urine*) ; Erigeron (*with copious albuminous discharge*) ; Canth., Ars. (*desquamative*) ; Plumb. (*granular degeneration* ; Ars., Apoc., Apis., Hep.-S. (*post-scarlatinal nephritis, with scanty, albuminous, or suppressed urine, debility, dropsy, etc.*) ; Cann., Apis., Chelid., Ferr., Nux V., Puls., Ac.-Benz., Zinc. (*pains in the kidneys*).

See also **Bright's Disease.**

Knee : INFLAMMATION IN—Acon., alt. Puls., Rhus, Bry., Sulph., Benz.-ac.

ENLARGEMENT OF—Silicate of Lime.

See also **Joints.**

Labour : TO PROMOTE NATURAL—Cimic., Caul., Puls.

FALSE-PAINS—Puls., Cham., Sec., **Nux V.** *See also* **Miscarriage.**

ABNORMAL CONDITIONS OF—Gels.,* Bell., Caul. (*rigidity of the os uteri*); China (*intermittent pains*); Croc., Puls. (*irregular*); Cham., Gels., Coff. (*excessive*); Ign., Bell., Hyos., Chloroform inhaled (*convulsions and delirium*); Cocc., Nux V. (*spasms, etc.*); Puls., Sec. Cimic., Caul. as often as required (*pains ceasing or too weak*); Cocc., Caul. (*Paralysis*).

RETAINED PLACENTA—Arn., Puls., Sec., Ign.

AFTER-PAINS—Arn., Cauloph., Cimic. Gels., Ign., Sec., Collin., Cham., Coff., Puls., Bell.

HÆMORRHAGE DURING OR AFTER—Sec., Sabi., Ipec., Eryng., Arn., Puls., Ign., Cimic.; China *or* Ferr. (*for consequent debility*). Also injections of very hot water.

See also **Menstruation**: PROFUSE.

RETENTION OF URINE AFTER— Acon., Bell., Canth., Hyos., Rhus. The catheter may be necessary.

CONSTIPATION AFTER—Collin., Bry., Opi., Lyc., Plumb., Alumina, Verat.-A.; *or* enema of tepid water.

See **Constipation**; *also* **Hæmorrhoids.**

DIARRHŒA—Puls., China, Hyos.

LOCHIA, ABNORMAL—Acon. (*too profuse and bright-red, in plethoric patients*); Bell., Cimic. (*scanty*); Ver.-Ver. (*scanty with headache*); Kreas., Carbo An., Sec. (*offensive*); Kreas. (*intermittent*); Sabi., Cimic. (*continuing red too long*); Caul., China, Calc.-C. (*too prolonged*); Acon. (*suppressed*); Hydras. (*offensive, with suppressed or scanty urine*).

PUERPERAL-FEVER—*Preventive*: the most scrupulous surgical cleanliness during labour. Acon. Bell. *or* Ver.-Vir. (*brain symptoms*); Bry. *or* *Merc.* (Peritonitis); Pyrogen; Coloc., Tereb. (*much tympanites*); Hyos., Bapt., Ars., Lach. (*very bad cases*). Hot injection of Condy's Fluid Solution is useful. Anti-streptococcus Serum may have to be considered.

PUERPERAL MANIA—Hyos., Opi., K.-Brom., Stram., Cann.-Ind.; Cimic., Plat., Aur., Ars., Bapt. (*melancholy*).

Lactation: FEVER—Acon. Bell., Bry.

ABNORMAL CONDITIONS OF—Acon., Agnus. Asaf., Puls., Coni., Calc.-C. (*absent, late, or scanty*). Also gruel as drink, and Syrup Lacto-Phosphate of Lime; Calc.-C., Sulph., Sil., Merc. (*deteriorated*); Nux V. (*from use of spirits*); Cham. (*from anger*); Calc.-C., K.-Hydriod., Bry., Phos., Sil., Iod. (*excessive or too long-continued flow*); China (*consequent debility*); Cimic. (*mental dulness and melancholy*); Calc.-C., Iod., Sulph., China, Ac.-Phos. (*menses occurring during lactation*). Under this last condition, the child should be weaned.

See also Breast, Nipples, etc.

Laryngismus Stridulus: *see* Croup SPASMODIC.

Laryngitis: ACUTE—Acon., Spong., Hep.-S., K.-Bich.; Apis (*œdema of the glottis*). Foment the larynx externally, and steam internally.

CHRONIC—Spong., K.-Bich., Hep.-S., Caust., Carbo V., Selen.; Merc.-Binoid., Ac.-Nit. (*syphilitic*). Inhalation of *Iod.*

Larynx: PAINFUL IRRITATION OF—causing frequent hard cough, Ac.-Sulphs. Spray, or inhalation of vapour from a bottle of the Acid after removing the stopper.

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* Dr. Douglas remarks: "No remedy can at all be compared with *Gels.* Φ one to five drops every thirty minutes, to produce relaxation of a rigid, unyielding *os uteri.*" "This remark of Dr. Douglas," writes Dr. Newton, "I cordially substantiate."

ead-Colic : Plat., **Opi.,** Alum., Bell., Ac.-Sulph.

egs : CRAMPS IN—Ver.-Vir., Nux V., Cup.-M., Cham., Chalc.-C., Arn., Colch.

ARALYSIS OF—Cocc., Rhus, Gels., Arg.-N., Coni., Phos., Bell., Nux V., Ac.-Oxal. Electricity.

WELLING OF—*see* **Dropsy.**

LCERS ON—Bell. (*erysipelatous*) ; K.-Bich. (*chronic*) ; Merc.-S. (*eczematous*) ; Phos. (*debilitated patients*) ; Ham., Puls., Sil., Ac.-Nit., Ac.-Fluor. (*varicose*). Posture is important.

ee also **Veins** : VARICOSE.

EAKNESS OF—Rhus, Rad., Arg.-Nit., Nux V., Phos., Sulph., Bell., (*trembling*). Electricity.

HITE-LEG : *see* **Phlegmasia Alba Dolens.**

prosy : Ars., Ant.-C., Merc., K.-Hydriod., Hydrocotyle Asiatica.

ucoma : (*white speck on the cornea*) : Bell., Cann.-Sat., Calc.-C., Euphr., Puls., Phos., Coni., K.-Hydriod.

ucorrhœa : Puls., Helon., Sep., Ac. Nit. (*corrosive or excoriative*) ; Iod., Senec., China, Sep. (*yellow-white*) ; Ferr., Merc., Collin., Aloes, Xanth., Hydras., Caul. alt. Cimic., Kreas., Coni. ; Calc.-C., Iod. (*in tubercular women* ; *also in children*). Frequent local ablutions ; injections of Hydrastis, etc. Cold sitz-baths. For children, injections of Calend. lotion. Sea bathing.

chen : Sulph., Ant.-C., Petrol., Ars., Nux Jug. ; Apis, Led. ("*prickly heat*"). Also the use of Petrol. soap. Barilla-soap is useful in most irritable skin affections. It is an excellent skin soap for all purposes.

nteria : China, Ferr., Phos., Ac.-Phos., Puls.

Lips : SORENESS, CRACKS ETC., OF—Merc., Graph., Sulph. ; Calend. cerate, Ac.-Sulph., Hydras. and Glyc. (F. 6.) Bry. (dryness), Nat.-M. (cracked in centre ; fever sores).

Liver : ABSCESS OF—Acon., Merc., Hep.-S.

CONGESTION AND CHRONIC ENLARGEMENT OF—LIVER COMPLAINT—Merc., Lept,, Merc.-Iod., Phos., Ac.-Nit., Agar. Nux V., Sulph., Podoph., Chel., Agar., Carbo V., Lyc., Ars. ; China, Sulph.-Quin. (*consequent on Ague*) ; **K.-Brom.,** Iod. Hot fomentations every night for twenty minutes, followed by the abdominal compress, are valuable auxiliaries.

See also **Biliousness, etc.**

HOB-NAILED—*see* **Cirrhosis.**

INFLAMMATION OF—Acon. Bry.—or Merc.-Cor., Hep.-S. (*threatened abscess*).

Liver-spots : Sulph., Sep., Bor., Lyc.

Lochia : ABNORMAL—*see under* **Labour.**

Lock Jaw : *see* **Tetanus.**

Locomotor Ataxy : Bell., Atrop., Zinc, Arg.-nit., Mag.-phos., Kali, Iod., Secal,, **Phos., Alumina, Lathyrus, Sulph.**

Low-Fever : *see* **Enteric Fever.**

Lumbago : Acon. (*recent*) ; Rhus, Rad. (*pains worse during rest and at night*) ; *from a cold* ; *chronic*) ; Arn. (*from severe exertion*) ; Ant.-T., Acon., Dulc., Colch., Berb., Arn., *or* Rhus liniments (F. 22, 26), rubbed in before a fire, or medicated compresses, are very useful.

See also **Crick-in-the-Back.**

Lungs : ABSCESSES IN—Acon., Iod., Ars., China, Sil., Hep.-S.

CONGESTION OF—Phos., Acon., K.-Bich., Ver.-Vir. (*from chill*), Ars. (*cardiac complications*) ; Bell., Ant.-T., Ver.-Vir. (*from cold*), Ars., Iod

Consumption of—*see* **Phthisis Pulmonalis.**

Gangrene of—Ars., China, Lach., Carb. V., Caps.

Hæmorrhage from—Acon., Ham., Kreas., Phos., Ipec., Ferr., Mill.; Arn. (*if from injury*).

Inflammation of—Acon., Phos. *or* Bry.; Ant.-T. (*broncho-pneumonia, and in children*); Sulph., Chelid. *See* **Pneumonia.**

Paralysis of—Phos., Opi., Ant.-T., Bary.-Carb.

Lupus: Ars., Phyto., Sulph., Iod. *or* Hydras., int. and ext.; Bacil. Local injections of tuberculin are sometimes very effective, especially Rosenbach's Tuberculin. X-rays and Ultra-violet rays are valuable.

Lymphatic Glands: Enlarged—Acon., Cistus., Merc.-Iod., Bary.-Carb., Dulc., Bell., Aur.-Mur., Coni.; Rhus (*indurated*); Sulph., Sil., Calc.-C., Iod. (*as constitutional remedies*).

Mammary Abscess: *see* **Breast.**

Masturbation: *see* **Spermatorrhœa.**

Measles: Acon. (*fever*) Puls.; Euphr. (*lachrymation and coryza*); K.-Bich. (*laryngeal cough*); Gels., Bry. (*when the eruption does not come out well*), also hot blanket pack; Bell. (*sore throat, brain symptoms*); Ver.-Vir. (*congestion of the lungs, nausea etc.*); Merc.-Iod. (*glandular swellings*); Phos. (*chest symptoms*); Ammon.-Carb. (*malignant*); Sulph. (*deficient eruption, intense headache, and tendency to coma; also during convalescence to prevent sequelæ.* Inunction with oil morning and night. Other useful remedies are Rhus Tox., Camph., and Opi.

False—(*Roseola*)—Acon. int. and ext.; Rhus, Bell.

Prophylactic—Puls., Bell

Megrim: *see* **Hemicrania.**

Melancholia: *see* **Hypochondriasis.**

Memory: Weakness or Loss of—Ac.-Phos., Anac., Zinc., Alum., Aur., Ign., Verat., Bary.-Carb.

Meningitis: Simple—Acon., Bell., Bry., Apis.

Syphilitic—Merc., K.-Hydriod.

Traumatic—Acon., Arn.

Tubercular—Bell.; Bacill., Hell., Calc.-Phos. (*when effusion has taken place*); Calc.-C., Sulph., Apis.

Menopausia: *see* **Menstruation:** Cessation of.

Menorrhagia: *see* **Menstruation:** Profuse.

Menstruation: Delay of the First—Puls., Ferr., Sep., Cycl., Sulph., Phos.; Acon. (*disturbed circulation.*) See Sitz-bath, under Menstruation: Scanty.

Membranous—Bor. grs. v. ter die (*profuse discharge at one time and scanty at another, with severe labour-like pains in the back, hips, and hypogastric region*).

Painful (*Dysmenorrhœa*)—Sec. (*expulsive, forcing pain, with dark, coagulated, or scanty discharge*); Collin. (*piles, constipation, etc.*); Senec. (*scanty or profuse flow*); Gels., Caul. (*spasmodic pains*); Cimic. (*rheumatic patients*); Cham., Coff., Xanth. (*neuralgic pains*); Cocc. (*colicky pain*); Ham. (*ovarian irritation*); Bell., Acon., Ign., Plat., Sabi., Viburnum Opulus; Macrot., Cimic., for a fortnight before the period (*habitually painful*). "K.-Hydriod, and K.-Brom. at the intervals of the periods, and Senec. ø or Gels. ø at the periods, I have found most reliable in violent cases" (*Dr Moore*). During the interval sponge the bowels and lower part of the back with water at 100° three minutes, with cold water one minute, morning and night. Sitz-baths are also very useful, either hot or cold, or cold alone. Local packing. Shower and needle baths. Pail douches. Wash down (*Dr. W. Johnson*). The sitz-bath, taken daily, modifies ungratified sexual excitement, and lessens the temptation to masturbation, both fruitful causes of painful menstruation. The pressure of stays and skirts displaces the womb, and weakens the spine; the dress should, therefore, receive proper attention.

rregular *or* Infrequent—China (*when profuse and consisting of dark lumps*); Puls., Cycl. (*scanty*); Iod. *or* Phos. (*gradually diminishing*); Sep., Nux V., Bell., Sulph., Senec.

Scanty—Puls. (*simple cases*); Ferr., Helon. (*with anæmia*); Bell., Acon. (*in full-blooded patients*); Merc. (*sallow complexion, liver derangement, etc.*); Arg.-Nit. (*watery discharge*); Graph. (*constipation, and unhealthy skin*); Sep. (*chlorotic appearance, leucorrhœa, etc.*); Phos. (*constitutional delicacy*); *chronic diarrhœa*; *tendency to chest-disease*); K.-Carb., Dulc., Sulph., Cycl., Plat., Nat.-Mur., Bary.-Carb. A sitz-bath (58°-60°) from 5 to 15 minutes at bedtime; legs, feet and shoulders to be warmly covered; after bath, the patient to be well rubbed till warm, then instantly retire to bed: excellent for Amenorrhœa and other *functional disorders.*

Excessive—Sec. (*dark or foul discharge, in lumps, with severe pains previous to expulsion*); Croc. (*dark and clotted, clots long and tenacious, especially in patients with dim sight*); Sabi. (*bright-red, with pain chiefly at first*); Calc.-C. (*too early and too profuse, especially in patients who have cold, clammy feet*); Acon., Bell., (*in plethoric patients*); Ham. (*profuse venous*); Ipec. (*simple profuse bright-red discharge, with or without nausea*); Hyos. (*nervous and hysteric patients*); Phos. (*mental and sexual excitement, sensitiveness, etc.*); China (*after excessive discharges*); Senec., Ferr., Iod., Borax., Aloes., Mag.-C., Ambra., Ac.-Nit., Trill.

Recurring too late—*see* Irregular.

Recurring too early or lasting too long—Calc.-C., Calc.-Phos. (*profuse*); Sec., Sabi. (*painful*); Iod. (*with emaciation*); Trill., Plat. (*every two weeks*); **Nux V., Ferr., Ign., China.**

Suppressed—**Acon., Opi.**, Ver.-Alb. (*fright*); Coni., Senec., Sep. *chronic*). See Sitz-bath under **Menstruation**: Scanty.

Vicarious—Bry., Ham., Ferr., **Senec.**

Cessation of—Critical Age—China, Ferr. (*pressure and burning on the top of the head*; *profuse discharges*); Lach. (*headache and sleeplessness*; also *flushes*); Glon. (*rush of blood to the head, with throbbing and noises in the head or ears, giddiness*); Cimic. *or* Ac.-Hydrocy. (*sinking at the stomach*); Sulph. (*Piles*; *flushes of heat*; *mental depression, etc.*); Nit.-Amy., Sang., Ac.-Sulph., *or* Lach. (*flushes*); Ambra (*numbness and stinging in the arms*); Sep., Plat., Gels., Cocc., Apoc., Ign.-A., Kali C.

See also **Uterus, Miscarriage,** etc.

Mental Weakness: Nux V., Sulph., K.-Brom., Ac.-Phos., Anac., Gels., Ign., Plumb. Zinc.

See also **Memory, Hypochondriasis, Brain-fag,** etc.

Mesenteric Disease: *see* **Tabes Mesenterica.**

Metritis : *see* Uterus : Inflammation of.

Metrorrhagia : *see* Uterus : Hæmorrhage from.

Miliaria—Miliary-Fever : Acon., Bry., Merc., Jaborandi.

Milk-crust : Viola Tric., Iris., Rhus., Mez., Sep., Phyto., Clem. ; Calc.-C., Sil. (*chronic*), Croton.

Milk-Fever : Acon. alt. Bry.

See **Lactation :** Abnormal.

Milk-leg : *see* **Phlegmasia Alba Dolens.**

Miner's Elbow : *see* **Bunion.**

Miscarriage. To Prevent—Caul., Sabi., Sep., Helon., Sec. ; Nux V. (*associated with constipation, producing straining, etc.*) ; Calc.-C., Sulph. (*for tubercular patients*). This remedy should be taken once or twice a day for one or two months previous to the period corresponding with that at which the former miscarriage occurred. If there be a tendency to constipation the bowels should be kept gently relaxed with olive oil, fruits, or one of the above remedies. Syphilis is the most frequent cause of repeated miscarriage, and if present must of course be treated.

Threatened—Sabi. (*free discharge of blood*) ; Caul., Sec. (*severe expulsive pains*) ; Cham. (*if caused by anger, fright, etc.*) ; Arn. (*if from a fall, or other mechanical injury*) ; Acon., Puls., Cedr. A dose every twenty or forty minutes till the symptoms decline. Also rest on a mattress in a cool room, with quiet, avoidance of hot drinks, excitement, etc. Special care to be exercised at the times when, had not pregnancy existed, menstruation would have recurred.

Moles : *see* **Nævus.**

Morbus Coxæ : *see* **Hip-joint Disease.**

Morning-Sickness : *see* Pregnancy : Disorders of.

Mortification : *see* Gangrene.

Mouth : Inflammation of—K.-Chlor. (*simple cases, with exudation*). Caps., Merc., Bapt., Phyto., Bell., Nat.-Mur., Merc., Cor.

Canker of—Merc., Ars., Ac.-Mur. (*idiopathic*) ; Ac.-Nit., Carbo V., (*mercurial*) ; Phyto. lot. (F. 29), *or* Ac.-Carbol. (F. 31), *or* Glycerole of Ac.-Mur., (F. 7), as a wash.

Ulcers—Merc. with Ac.-Nit as a wash ; Ars., Bapt. ; Hydras lot. *or* gargle (F. 41).

Mumps : Acon. (*fever*) ; Merc.-Iod., Merc.-S. Carbo V. (*swelling of the glands*) ; Bell. (*brain implication*) ; Puls. (*implication of the testicles or breasts*) ; ointment of Bell. extracts —gr. 1 to simple cerate 1 oz.

Muscæ Volitantes (*the débris of cells, shreds of tissue or fibre, chiefly caused by over-use of the eyes, and appearing like transparent beads or shreds, or as dark, singular-shaped bodies, floating about in the vitreous humour, and changing their position with every movement of the eye*) ; Merc., Ac.-Nit. (*from liver disorder*) ; Dig. (*weak, slow beating of heart*) ; Ver.-Alb. (*weak, irregular, or quick action of heart*) ; Phos., Tereb. (*kidney disorder*) ; Mosch., Agar. (*nervousness*) ; Phos. *or* Ac.-Phos. (*sexual excesses*) ; Phos. (*general debility*) ; K.-Hydriod. (*obstinate cases*), Nux V. Rest of the eyes is necessary, and the general health should be improved. Neutral tint glasses may be worn to render the spots less visible, if they are very troublesome.

See also **Amaurosis, Sight, Eyes,** etc.

Myalgia (*pain in the muscles*) ; Ver.-Vir. (*prostration of the muscular system, and muscular rheuma-*

tism) ; Gels. (*with feverishness, etc.*) ; Arn. (*from over-exertion*) ; Bry., Gels., Rhus (*with inflammation*) ; Cimic., Ammon.-Mur., Caust., Bry., Dulc., Valer. An Arnica bath is an excellent remedy for great fatigue of the body generally.

opia (*near-sightedness*) : Bell., Spig., Macrot., Acon. (*irritability, congestion or inflammation*). Suitable glasses should be worn.

vus : Thuja 30 int. and Thuja ø ext. Kreasote-water—one drop of Kreas. ø to 80 of water, Phos., Lyc., Arn. Carbonic Acid Snow applied locally or the use of Radium.

ils : DISEASE OF—Merc., Graph., Sil., Ant.-Crud., Alumin., Ars.-A. Ingrowing toe nail, Magnet.-Austral. in high potency. For the local treatment, Hydrastis ointment. [In my experience local operative measures have rarely been called for, but the following has been of service. Ed.] An *ingrowing* nail may be remedied by softening it in warm water, and then paring very thin the centre top of the nail in the line of the toe, and making a V-shaped excision in the centre at the end of the nail ; the ingrowing portion should not be cut. The daily application of a solution of *Ferr.-Perchlor.*, according to Dr. A. C. Clifton, never fails. *Prevention* :—Broad-toed boots. A knowledge of the *causes* is necessary for the cure and prevention of this affection ; these are, chiefly—small-toed boots, and over-darned stockings. It is not the nail but the skin that is at fault. It is the morbidly sensitive and rapidly-growing skin, which, becoming thickened and ulcerated, overlaps the nail and occasions the pain.

Nausea : Ipec., Nux V., Kreas., Ant.-T., Ant.-C., Cocc., Lobel., Iris, Tabac., Apomorphia.

See also **Dyspepsia, Vomiting,** etc.

Neck : STIFFNESS OF—Ant.-T., Acon. (*from a draught*) ; Dulc. (*from damp*) ; Bry., Cimic., Bell., Phyto., Rhus.

See also **Crick-in-the-Neck** *and* **Wry-Neck.**

Necrosis : *see* **Bone.**

Nephritis : *see* **Kidneys :** INFLAMMATION OF, *and* **Bright's Disease.**

Nervous Debility : *see* **Debility.**

Nervousness : Coff. (*with sleeplessness*) ; Cham. (*restlessness, irritability, and sensitiveness, without ideal disturbance*) ; Ign. (*extreme sensitiveness, pains in various parts, hemicrania, sensation as of a ball in the throat, etc.*) ; Hyos. (*perverted brain-function ; restless, dreamful sleep, or sleeplessness*) ; Agar. (*pains as from icy-cold points, twitchings, tremors, etc.*) ; Bor. (*noise intolerable*) ; Acon., Nux V. (*from anxiety, night-watching, etc., with palpitation, indigestion, etc.*) ; Puls., Bell., Ars., Ac.-Phos., Gels., Scutell., Cimic., Cyprip., K.-Brom., Zinc.-Val., Ambra. Exercise and out-of-door air.

See also **Hysteria, Hypochondriasis,** etc.

Nettle-Rash : Acon. (*feverishness*) ; Rhus., Apis : Puls. (*from food which disagrees*) ; Ars. (*when caused by an irritable stomach*) ; Dulc. (*from chill and wetting*) ; Ant.-C., Copaiva, Hydras., Bry. (*sudden retrocession*) ; Urt.-U.

Neuralgia : IN THE FACE AND HEAD—Bell. (*redness of the affected part, sensitiveness to noise, light, etc., and ideal confusion*) ; Ars. (*burning and tearing pains, intermittent* *or periodic, worse at night or during rest, with extreme restlessness and anguish ; especially in weak persons*) ; Ver.-Vir. (*from cold*) ; Acon. (*facial neuralgia, from cold, anxiety, with palpitation, quickened, full pulse ; and in plethoric persons*) ; Spig. (*head, face, eyes, and orbits involved, aggravated by stooping and movement*) ; Coloc. (*sudden violent lancinations, extending from the point of origin to a distance, chiefly on the left side*) ; Cham., Merc. S. (*extreme sensitiveness and irritability, especially in children and females*) ; Coff. (*nerve-pains, with restlessness and sleeplessness*) ; China, Sulph.-Quin. (*from malaria, loss of animal fluids, etc.*) ; Chelid. *with liver derangement*) ; *pain over right eye*) ; Cimic., Gels., Sticta., Nit. of Strych., Nux V., Staph., Coni ; Bell. liniment (F. 23), Cedron., Arg.-Nit., Kali Iod., Puls., Phos., are also useful remedies. Locally, applications of Tinct. Plantago ø as a paint.

See also **Toothache,** *and* **Headache :** NERVOUS.

INTERCOSTAL—Cimic. (*infra-mammary pain, especially in females*) ; Ars. (*in debilitated patients*) ; Ran.-Bulb., Rhod., Arn. ; Bell. liniment (F. 23).

IN THE BONES—Zinc.

OF THE EXTREMITIES—Rhod., Ars.

See also **Sciatica, Hemicrania, Lumbago,** etc.

Nightmare : Nux V. (*from indigestion*) ; China (*with oppression*) ; Sulph. (*with palpitation*) ; Acon., Puls. Light digestible diet, out-of-door recreation, and a quickly-taken sponge-bath, with vigorous friction daily ; suppers or very late dinners, stimulants, fatigue and too many or heavy bed-clothes, are to be avoided.

Night-Sweats : Often encouraged by overloading the patient with bed-clothes. Thorough ventilation and fewer blankets will do much to diminish night sweats. Ac.-Phos., Calc.-C., China, **Ars.,** Hep.-S., Samb., Sulph., Ipec. ; Merc. (*profuse sour perspiration—not hectic*). Sponging with tepid water and vinegar. Dr. Douglas recommends *Bry.* and *Gels.* for continued and profuse sweats, and adds, "Nothing has answered so well with me in the colliquative sweat of Phthisis as the two remedies."

See also **Hectic-Fever.**

Nipples : SORE—Sulph., Cham., Sil., Phell. (*pain after each suckling*) ; Crot.-Tig. (*shooting-pains from nipple to shoulder-blade*) ; Calend. *or* Arn. lot. ext. ; *or* Glycerole of Ver.-Vir. (F. 13), *or* Hydras. (F. 6), *or* Tinct. of Benzoin, P.B., Ac.-Benz. lotion (F. 30), frequently applied, and not removed till next nursing ; the nipple to be washed before applying the child.

Nodes : Sil. ; K.-Bich. (*soft nodes on the scalp*) ; K.-Hydriod., Phyto. (*syphilitic nodes, with nightly pain*) ; Aur.

Noise : IN THE EARS AND HEAD—Bell., Sulph.-Quin., China (*with deafness*) ; Nux V., Gels., Caust., Petrol., Graph., Sulph.

SENITIVENESS TO—Bell. Cham., Coff., Ign., Cann.-Ind., Nux V., Bor. (*extreme cases*).

Nose : BLEEDING FROM—Ipec., Ac.-Sulph., Arn. (*from a blow*) ; Acon. (*full pulse, and in the plethoric*) Bell. (*flowing freely, with congestion*) ; Croc. (*dark, stringy blood*) ; Bry. (*preceded or accompanied by severe headache*) ; Ham (*dark, fluid, frequent*) ; Mill. China (*frequent recurrence*) ; Phos. Nux, Ferr.-Phos.

CATARRH OF—Merc., **Ars.**, Nux V., Puls.; Teuc. by inhalation; put five drops into a little water in the hollow of the hand, and inhale this preparation two or three times a day.

See also **Cold in the Head.**

FŒTOR FROM—Iod. (*putrid ulceration of the lining membrane in tubercular patients*); Elaps., Merc., Iod., Aur., K.-Bich., Formic., Ruf.

See also **Ozæna.**

INFLAMMATION OF—Bell.; Acon. (*acute*); Sulph. (*chronic*).

See also **Ozæna,**

REDNESS OF—*see* **Acne**: ROSACEA.

SORENESS OF—Ars., Merc., Graph., Sulph., Aur.

See also **Cold in the Head.**

besity: Ars., Calc.-C., Ferr., K.-Hydriod., Sulph. These remedies should be aided by a suitable dietary, excluding all articles of food and drink which contain an excess of *starch*, or *saccharine elements.* Daily open-air exercise is also necessary. *Lemon juice*, a teaspoonful in a little water sweetened, three times a day, if it does not disagree.

dema: *see* **Dropsy**: LOCAL.

sophagus: SPASM OF—Ver. Vir.

ffensive Breath: *see* **Breath**: FŒTID.

nanism: *see* **Self-Abuse**, *also* **Spermatorrhœa.**

phthalmia: CATARRHAL — Acon., Bell., Euphr., Merc.

NEONATORUM: Arg.-Nit., Acon.; and later, Puls., Merc., Hep.-S. Frequent ablutions with tepid water are essential, and if efficiently and early used will often alone suffice.

PURULENT—Hep.-S., Ac.-Nit., Arg.-Nit., Calc.-C., Iod., Clem., Sulph.

TUBERCULAR—Merc.-Cor., Bell., Ant.-T., Euphr. (*acute*); Calc.-C., Clem., Hep.-S., Ars., Sulph. (*chronic*).

SYPHILITIC—Merc., Ac.-Nit., Aur.

See also **Eyes**: INFLAMMATION OF.

Otorrhœa: *see* **Ears**: DISCHARGE FROM.

Ovaries: INFLAMMATION OF—Acon., Bell., Merc.-Iod., Puls., Ham., Coni., Plat. (*with induration*). Dr. Moore recommends *Merc.-S* 3x and *Bry.* 1x when the pain extends towards the hip or upwards; *Phos.* when the pain extends downwards along the inner side of the thigh; and *Cimic.* and *Puls.* when Pleurodynia co-exists.

NEURALGIA OF—Zinc.-Val., **Ham.**, Caul., Coloc.

Ozæna: Aur., K.-Hydriod., K.-Bich. Hydras., Phyto., Elaps, Ars., Merc.-Iod., Sang., Ac.-Nit., Zinc, Cadmium-Sulph. Injections of K.-Permang.

Painter's Colic: *see* **Lead-Colic.**

Palpitation: *see* **Heart**: PALPITATION OF.

Pancreatitis: Iod., Merc., Iris., K.-Hydriod., Atrop.

Paralysis: Agitans (*Shaking-palsy*)—Merc., Rhus; Ac.-Nit., Nux V. (*when caused by* Mercury).

DIPHTHERITIC—Gels., Caust., Ign., Coni., Electricity.

FACIAL—Caust., Acon., Ign.

GENERAL—Phos., Coni., Gels., Cocc., Bary.-Carb., Ant. C., Ars., Tuc.

GLOSSO-LARYNGEAL—Bell., Hyos., Caust.

HYSTERICAL—Ign., Galvanism

INFANTILE—Gels., Bell., Sec., Plumb; Massage is recommended.

OF ONE SIDE—Bary.-Carb., **Nux V.**, Cocc., Arn.

OF THE LOWER EXTREMITIES—Phos., Strych., K.-Bich., Coni., Arg.-Nit., Rhus, Caul., K.-Hydriod.; Cocc., Ver.-Vir., Electricity.

PAINTER'S—Opi., Iod., Cup., Ars., Nux V., Alumen.

RHEUMATIC—Acon., Rhus, Arn., Strych., Sulph. Friction has effected striking cures; so has galvanism.

WASTING—Bell., Phos., Plumb.

Parturition: *see* **Labour.**

Pemphigus: Rhus 1, Phos.; Ran.-Bulb. (*infants*). Ars., Merc.-C.

Pericarditis: *see under* **Heart.**

Periostitis: *see under* **Bone.**

Peritonitis: SIMPLE—Acon., Merc.-Cor., Bell., Bry., Canth., Merc.-Dulcis., Coloc., Colch. Linseed poultices over the abdomen.

PUERPERAL—*see* **Puerperal-Fever.**

TUBERCULAR—Ars., Calc.-C., Sulph.

Perspiration: *see* **Sweat.**

Pertussis: *see* **Whooping-Cough.**

Pharyngitis: *see* **Throat.**

Phlebitis: *see* **Veins**: INFLAMMATION OF.

Phlegmasia Alba Dolens (*milk-leg, white-leg*); Puls. (*simple cases*), *or* Ham. (*varicose condition*). int. and ext.; Phos., Ars., Lach. Dr. Moore states that he has seen cures effected by *Merc.-S.* 1 and *Bry.* 1.

Photophobia (*intolerance of light*); Ant.-T., Bell., K.-Brom. (and as a collyrium), Euphr., Merc.-Cor., Nux V., Coni., Ars., Sulph.

See also **Eyes**: INFLAMMATION OF; **Sight**, etc.

Phthisis Pulmonalis:

FOR THE CACHEXIA—Sulph. (lower potencies), Hydras. ø, Calc.-C., Iod., Ars., Ars.-Iod., Chel., Thuja, Phos., Ferr., Calc.-Iod., Sanguin. Aur., Iod., Crotalus H., Elaps. Cod-liver oil, in suitable cases, a teaspoonful or more, twice a day.

HÆMOPTYSIS—Ham., Ipec., Dros., Ferr.-Sulph., Ferr.-Acet., Arn.

INDIGESTION—Calc.-C., Lyc., Hydras., Merc., K.-Bich., Puls., Nux V.

See also **Cough, Breathing, Dyspepsia, Hectic-Fever**, etc.

Phimosis: CIRCUMCISION—Merc.-S. 1x. Wrap the organ in a compress soaked with *Ham. lotion.* (F. 40).

Piles: *see* **Hæmorrhoids.**

Pimples: Sulph., Calc.-C., Bell., Hep.-S., K.-Bich., Ant.-C., Carbo Veg., K.-Brom.

See also **Acne.**

Pityriasis: Ars., Graph., Lyc., Tereb., Canth. Sulphur-baths.

Placenta: RETAINED—Sabi., Puls., Sec.

See **Labour.**

Plethora: Ferr., Ars., *or* Calc.-C., in the higher potencies. Acon. *or* Bell. (*sufferings from*).

Pleurisy: Acon., Bry., Canth., Ver.-Vir. (*acute*), also linseed-meal poultices; K.-Hydriod., Sulph. (*chronic*). Pleurisy *with pungent heat*, rub the heated parts gently with the hand, dipped from time to time in *cold* water, until the heat is abated. Hot poultices and cold compresses may be required (*Dr. W. Johnson*). Antiphlogistine is often useful.

FALSE—PLEURODYNIA—Ran.-Bulb., Cimic., Arn., Acon., Ars., Chel.

Plica Polonica: Vinca M., Bor.

Pneumonia: Phos. (*simple, typhoid, and in children*), with or without Acon., Bry.; Ver.-Vir. (*early congestive stage*); Ver.-Vir., Lyc. (*Pleuro-pneumonia*); Ant.-T.

(*Broncho-pneumonia*); Sulph. (*tubercular patients*); Chelid. (*right-sided lower lobe*); Ferr. Phos. Cold compresses act remarkably well.

Polypus: Nasal—Calc.-C., Formic. Ruf., Teuc., Merc.-Iod., K.-Bich., Thuja, Phos., Sang.

Porrigo: Capitis—Calc.-C., Sulph., Viola.-Tric., Sil.

Favus—Sep., Rhus, Merc. Cor., Ars., Iod.; also locally, Calendula cerate, or stronger germicide ointments. Cleanliness, fat food, cod-liver oil.

Pregnancy: Disorders of—Cham. (*nervous restlessness, irritability, "fidgets"*); Acon. (*circulatory disturbance, palpitation*); Coff. (*sleeplessness*); Gels.

Colic—Nux V., Cham., **Puls.**, **Coloc.**

Constipation—Nux V., Sulph.; Plumb., Opi., Alum., Collin., Aloes, Sep., Bry.

See also **Hæmorrhoids.**

Convulsions—Bell., Ign., Ver.-Vir., **Cic.**, Coff. Cold water to the head.

Cough and Difficult Breathing—Bell., Coni., Hyos., Nux V.

See also under **Cough.**

Cramps—Ver.-Alb., Ver.-Vir., Cham., Nux V. Friction.

Depression of Spirits—**Cimic.**, Ign., Puls., Plat.

Diarrhœa—**Puls.**, Ac.-Phos., Phos.

False Pains—Cham., Puls., Sec., Caul., Cimic.

Headache—Bell., **Bry.**, Nux V., Ver.-Vir., Puls., **Cocc.**

Heartburn—Caps., Puls., Iris, **Calc.-C.**, Nux V., Rob., Sang.

Morbid Appetite—Calc.-C., China, Nat.-Mur., Carbo V., Sil.

Morning Sickness, Nausea, etc.—Nux V., Ipec., Sep., K.-Brom., Kreas., Puls., Cocc., Cerium oxalate, Apomorph. Large doses of Sodium Carbonate are often of great value in the severer cases.

Piles—*see* **Hæmorrhoids.**

Pruritis—Vulvæ—*see* Vulvæ.

Salivation—Iod., Merc., Hep.-S., Sulph., Natr.-Mur. Dr. Shipman states that he has known the chewing of coffee berries to cure when all other remedies had failed.

Toothache and Neuralgia—Merc., Bell., Coloc., Cham., Coff. (*during the attacks*); Sep., Cimic., Nux Mosch., Nux V. (*in the intervals*); Merc., Kreas., *or* Staph. (*from decayed teeth*).

Urinary Difficulties—Bell., Hyos. (*suppressed urine*); Camph., **Nux V.**, Canth., Cocc., Puls., Caust.

Varicose Veins—*see* **Veins.**

Presbyopia (*far-sight, from diminished power of accommodation, and indication of advancing age*); Convex glasses should be worn directly vision fails for ordinary work. It is convenient to have two pairs of glasses, using the stronger for evening work. It would be useful in all cases of failing sight, from age, to use two or three powers, according to circumstances. Local cold water douches to the closed eyes. Constitutional treatment is often necessary.

Prickly-heat: *see* **Lichen.**

Prolapsus: *see* **Anus** *and* **Uterus.**

Prosopalgia: *see* **Toothache** *and* **Neuralgia.**

Prostate: Enlarged—Cann. "In a recent case of enlarged prostate, at the age of sixty-two, with much irritation of the bladder, *Cann.* had an excellent effect, in fact it cured it for the time" (*J. H. Nankivell, Esq.*). Sabal Serrulata ø or 1x, Solidago Virga Aurea, Arg.-Nit., Ferr. Pic., Thuja, Phyto. Consider surgical interference.

Prostatis (*inflammation of the prostate*); Puls., Iod. (*acute*); K.-Hydriod. (*chronic*). Thuja, Staph., Ac.-Nit., Sabal., Serr. Bell. extract is often required to relieve the severe pain. Recumbent posture. Opiate suppositories, fomentations, and hot hip-baths, are useful adjuncts.

Proud-Flesh: *see* **Excrescences**, etc.

Prurigo: *see* **Itching**.

Pruritus Ani: *see* Anus: Itching of.

Pruritus Vulvæ: *see* **Vulvæ**.

Psoriasis: Merc., Iod., Ac.-Nit., Phyto., Sulph., Ars., Petrol., Ant.-Tart.

Palmaris—Hep.-S., Ars., Caust., Graph., Selen.

Pterygium: Rhatan. 1x.

Ptosis (*paralysis of the eyelid*); Gels., Bell., Caust., Stram., Spig., Ver.-Alb., Sepia.

Puerperal Convulsions: Ver.-Vir., Bell., Chlor.-Hyd., Cupr.

Puerperal-Fever: Acon., Bell., Bapt., Hyos., Stram., Merc., Bry., Ars.

Purging: *see* **Diarrhœa**.

Purpuria: Hæmorrhagica—Ham., Merc., Ars., Phos., Ac.-Sulph^{s}., Tereb., Ac.-Phos., Lach.

Purulent Ophthalmia: *see* **Ophthalmia**.

Pyelitis: Phyto., Uva., Ferr.

Pyrosis: Carbo V., Lyc., Ac.-Sulph^{s}., Nux V., Ars., Bry., Puls., Ac.-Sulph. 20 to 30 drops in water.

See also **Dyspepsia, Heartburn**, etc.

Quinsy: Bary.-Carb., Hep.-S., Arum.-Triph., Phyto., Phos., Bell., Merc.-Iod., Ars., Lac., Acon., Bary.-Carb. is almost specific.

Rabies; *see* **Hydrophobia**.

Rachitis; Ac.-Phos., Sil., Sulph., Calc., Phos., Asaf., Calc.-Phos.

Ranula (*a cyst under the tongue of variable size, containing albuminous fluid*): Bell., Merc.-S. (*acute*); Calc.-C. (*chronic*), Thuja.

Rash: *see* **Nettle-rash, Itching, Roseola, Eruptions**, etc.

Red-gum: Cham., Puls., Calc.-C., Ant.-C.

Relapsing-Fever: Bry., with or without Acon.; Bapt., Gels., Eup.-Perf., Podoph., Rhus Tox.

Remittent-Fever: Gels., Camph. (*invasive stage*); Acon., Bell. (*hot stage*); Chin. (*during exacerbation*); Ipec., Bry. (*gastric disturbance*); Bapt., Ars. (*typhoid symptoms*); Hyos., Bell. (*brain symptoms*); Merc.-V. (*during remission*); Quin.-Sulph.

Retching: *see* **Vomiting**.

Rheumatism: Acute (*Rheumatic-Fever*)—Acon., Bry., Rhus, Bell., Ferr. Phos.; Cimic. (*mild cases*); Colch. (*when the smaller joints are affected*); Calc.-C.

Chronic—Rhus, Bry., Arn., Lyc., Sulph., Phos., Cimic., Caust., Merc., Ac.-Nit., Phyto., Iod., K.-Bich., Stellar. med. The joints to be rubbed with "Pine" Oil, and wrapped in "Pine" wool Frictions. Sulphur Springs. Cod-liver oil.

Of the Chest—(*intercostal muscles*)—Bry., Arn., Rhod., Rhus Rad., Cimic. Belladonna liniment (F. 28).

Gonorrhœal—Merc.-Biniod., Acon., Merc.-Sol., Thuja, Nat., Sulph., Dulc., Medorrh.

Heart—Spig., Dig., Acon., Ver.-Vir., Cimic., Cact., Bry.

Joints—Bry., Rhus, Ruta., Rhod., Lyc., Colch., Led., Caust., K.-Hydriod.; Sang. (*of the shoulder*); Puls. (*wandering pains*); Sulph., Arn., Phos.

Osteo-arthritis—Sabi. (*in females with irritation of the uterus, bladder, and bowel*); Puls., Acon., Caul., Colch., Macrot., Sepia.

See also **Lumbago, Stiff-neck,** etc.

Rickets: *see* **Rachitis.**

Rigors: *see* **Shiverings.**

Ringworm: of the Scalp.—Sep., Calc.-C., Sulph., Ac.-Sulph^{s}. ext. (F. 12). Bacil. 100: A dose once a week. Cut the hair short over a small space surrounding the part affected, wash well with soap, rinse the soap off thoroughly afterwards, dab on a little spirit to still further cleanse away all grease; then rub in Ung. Sulph. This may be done every fourth night. X-Rays or Ionic medication often necessary.

Vesicular (*Herpes circinnatus*)—Iris, Tellur., Rhus, Sulph.

See also **Herpes Circinnatus.**

Roseola: (*Rose-rash*)—Acon., Rhus, Bell.

See also **Measles.**

Rupia (*atonic, foul Ulcer*); Merc. (*simple*); Ac.-Nit., K.-Hydriod., *or* Iod. (*from Mercury*); Aur. (*syphilitic*).

Rupture: *see* **Hernia.**

Salivation: Merc., K.-Chlor. (*idiopathic*); Ac.-Nit., Iod., Hep.-S. (*mercurial*).

Scabies (*the Itch*): Sulph.-ointment (F. 57) *or* Sulph-baths; Rumex-ointment (F. 55), Ac.-Acet. dil., Vinegar, ext., Balsam of Peru, Int. Sulph., Psorin.

Scald-head: Viola Tric., Hep.-S., Ars., Staph., Calc.-C., Rhus, Lyc., Sulph.

Scalds: *see* **Burns.**

Scarlet-Fever: Simple—Acon. Bell., Apis; Sulph. (*during decline*); Ars. (*during desquamation*). Sponging the whole surface rapidly with cold water, then wrapping in blankets till perspiration sets in.

Anginosa—Ailanth, Apis, Echinacea Ang. ø. Canth., Merc., Arum Triph. (*ulceration of throat*); Apis (*much swelling*); Ver.-Vir. (*cerebral hyperæmia, severe vomiting, and high fever*). Sponging with cold water as before. Free ventilation.

With Rheumatic Symptoms—Rhus, Bry.

Malignant—Ailan, 1x, Ars., Bapt., Phyto., Cupr.-Acet. (*with great mental depression*); Apis, Ac.-Carbol., Ac.-Mur; *also* Spray of Ac.-Sulph.; or Condy's Fluid diluted—one part of either to about twelve of water.

Prophylactic—Bell.

Scars: *see* **Cicatrix.**

Sciatica: Coloc., Acon. ø (*recent rheumatic with much pain*); Graph., Iris, Lycop., Lach., Rhus., and friction (*chronic rheumatic*); Ars. (*neuralgic*); Senec., K.-Carb. (*of the right side*); Nux V., Phyto. (*chronic*); Cimic., Ammon.-Mur., Ruta, Apocy.-C.

Scirrhus: Coni., Hydras., **Ars., Thuja,** Phyto., all int. and ext.

Screams of Infants: Cham., Acon., Ver.-Vir., Bell., Caps.; K.-Brom. (*night screaming*).

Scrotum: Dropsy of—*see* **Dropsy;** Local.

Sea-Sickness: Petrol., Staph., Cocc., Tabac., Nux V., Chlor.-Hyd., Apom.

Self-Abuse: Moral treatment. Treatment by suggestion. Following remedies are useful: Nux V., Con., Ac.-Phos., **Ac.-Picr.,** Calc.-Phos.

See **Spermatorrhœa.**

Sensitiveness: Ign., Bell., Cham.

Serpent-bites: Ammonia, Ars. (*rapid prostration*). A handkerchief should should be tied tightly above the wound, between it and the heart, to arrest the circulation of the poison, the wound forcibly sucked by a person whose mucous surface is perfect; and, according to Hill, undiluted alcohol largely drunk by the patient as an antidote. If a specific anti-venin can be obtained, it should be used.

Shingles: *see* **Herpes Zoster.**

Shiverings: Camph., Acon., *or* Bry. (*cold*); Gels., Ign. (*nervous, without coldness*); Ars., Carbo V.

Sick-headache: Iris., Bry., Nux V., Gels., Ver.-Alb., Ipec., Puls., Sang., Sep.

See **Headache.**

Sickness: Ipec. (*simple*); Puls., Ant.-C. (*from rich food*); Nux V. (*from alcohol*); Kreas. (*chronic*). Cold compress over stomach.

See also **Vomiting** *and* **Sea-Sickness.**

Side: LEFT—PAIN IN—Cimic., Puls., (*hysterical or uterine*); Bry. (*right side, rheumatic, or from liver*); Ran.-Bulb., Ars. (*neuralgic or anæmic*); Arn. (*muscular*).

Sight: DIM—Sabi., Gels. (*with vertigo and diplopia*); *see the remedies under* **Amblyopia.**

DOUBLE—Stram., Hyos., Nat.-Mur., Cic., Gels., Aur.-Met.

See also **Eyes** *and* **Amblyopia.**

Sinking at the Stomach: Ac.-Hydrocy., Ign., Gels., Lauro., Hydras., Apoc.; Bapt. (*from chronic dyspepsia*); Sep., Cimic. (*at the critical age*); Murex (*with prolapsus uteri*); Sulph.

Skin: *see* **Eruptions.**

Sleep: COMATOSE—Opi., Bell., Hyos., Hell., Gels. If from poison, the patient should be persistently made to walk about.

See also **Drowsiness.**

Sleepiness: Opi., Bell., Lyc. (*after dinner*); Acon.

Sleeplessness: Coff., Gels., Glon., Bell., Ign., Hyos.; Acon. (*from pain*); Avena.-Sat., Cimic., Verat.-Vir., Agar. Passiflor. inc. ø. In simple sleeplessness, one or two drops of Gels. ø are invaluable. A hop-pillow; walking, riding, or driving in the open air; a well-ventilated bedroom; a cold bath on rising; and an occasional warm bath at bedtime are excellent accessories. It is better to avoid wearing flannel next the skin in bed.

Small-pox: Variolinum 6 or 30 every four hours; Ant.-T.; Apis. (*much swelling and itching*); Merc. (*during suppurative fever*); Ars., Bapt. (*typhoid symptoms*); K.-Brom., Acon., Bell., Sulph., Thuj. Itching is best allayed by dusting the body with powder made of violet power eight parts and *Ant.-T.* 1x one part, or else by sponging two or three times a day with a solution of carbolic acid (1-60). Keep the face from exposure to light; with a mask if necessary.

Smell: LOSS OR PERVERSION OF—Acon. (*recent*); Puls., Merc., Sep., Calc.-C., Plumb.

Sneezing: Merc., Euphr., Ars., K.-Hydriod., Ipec., Cepa.

See also **Cold.**

Softening of the Brain: *see under* **Brain.**

Soreness of Infants: *see* **Excoriations.**

Somnambulism: Zinc., Opi. (*heavy sleep*); Acon., Cup.-M., Phos.

Spasms: Coloc. (*of the bowels*); Nux V. (*of the stomach and bowels*) Ver.-Vir. (*sudden spasms of children from congestion with nausea prostration, etc.*); Gels., Cocc Camph. 3 drops every half-hour repeated several times.

Specks before Eyes : *see* Muscæ Volitantes.

Spermatorrhœa : Arg.-Met., China, Coni., Ferr., Gels., Dios., Nuph., Phos., Ac.-Phos., Staph., Dig., Eryng., Sil., Selen., Nat.-M., Liq.-Sod.-Chlor., Iris., Canth., Digit.

Spina Bifida (*cleft spine*) : Obtain a Surgical opinion ; Bry., Calc.-Phos. The tumour should be protected by cotton wool under a piece of leather or gutta-percha moulded to the part.

Spinal Irritation : Cimic., China, Ign., Agar, Nux V., Macrot. Hot and cold, or tepid washing of the back.

Spine : CONCUSSION OF—Arn., Diosc., Hyper., Cic.

CONGESTION OF—Acon., Ver.-Vir. (*acute*) ; Rhus (*rheumatic*) ; Gels., Nux V., Bell., Agar.

See also **Spinal Irritation.**

Spitting of Blood : *see* **Hæmoptysis.**

Spleen : ENLARGEMENT OF—Merc., Biniod., China, Ferr., Agar., K.-Brom., Natr.-Mur., Ceanoth.

Sprain : Immediately bathing with water as hot as can be borne for a length of time, followed by a compress of Arn., Acon., Rhus, *or* Ruta. This treatment, employed promptly, generally cures at once. Dr. Dalzell recommends *kneading* the part, softly at first, and more vigorously as the pain subsides, using a little oil to prevent the friction from irritating the skin. Rest, extension of the joint to remove deformity, and sometimes a roller and splints to keep it in position, are points that should receive early attention, particularly in sprains and dislocations of the ankle with fractures of the fibula. But the early use of massage and passive movements is recommended. Good strapping is often better than a roller, for it does away with the necessity for rest. Neglected sprains often require either *Iod.*, or *K.-Hyd.*, int. and ext.

Squinting : *see* **Strabismus.**

Stammering : Stram. The patient should be taught anew the use of language, and deliberately to form his mouth into the requisite shape. Medicines according to the general condition.

See also **Chorea.**

S. Vitus' Dance : *see* **Chorea.**

Sterility : IN THE FEMALE—Coni., Sep., Dig., Plat., Bor., Calc.-C., Iod., Helon., Cimic. See Sitz-bath under **Menstruation** : SCANTY.

Stiff-Neck : Acon., Bell. (*from cold*) ; Ant.-T., Cimic., Bry., Bell. ; Dulc. (*from damp*). Wrap in cotton wool.

Stings : Liq.-Ammoniæ, Aq.-Potass., Led., *or* Rhus, diluted, ext. The application of a fresh slice of onion to a wasp- or bee-sting, gives instant and often permanent relief.

Stitch in the Side or Chest : Bry. Ran.-Bulb., Cimic., Acon., Arn.

See **Pleurisy.**

Stomach : ACIDITY OF—Calc.-C., Rob., Lyc.

See also **Dyspepsia.**

INFLAMMATION OF—Acon. (*acute*) ; Ant.-T., Ars. Small pieces of ice to swallow ; fomentations and a compress.

PAIN OR SPASM OF—Acon., Nux V., Cham. (*spasm*) ; Bism. (*burning pain, vomiting*) ; Ars. (*pain and vomiting*).

See also **Dyspepsia.**

Stomatitis : Merc.-Cor., Hydras., Bell., Caps., Hep.-S., Bapt. (*with much saliva*) ; K.-Chlor. ; when given internally, its local use is unnecessary. Hydras.-Mur. (F. 41) ext. every three hours.

Stone: *see* Calculus *and* Gravel.

Strabismus: Gels., Bell., Hyos., Stram. (*from cerebral causes*); Cin. (*worms*); Bry. (*rheumatic*); Nux V. (*over-use of the eyes*); Spig., Phos. (*undetermined causes*). For optical defects, spectacles are required.

Strain: *see* Sprain.

Strangury: Camph. (*urgent and painful*); Nux V. (*spasm*); Bell. (*nervous, and in children*); Acon. (*from cold*); Canth., Apis, Copa. 1x (*in elderly women*). Hot sitz-baths.

Stricture: *see* Urethra.

Strophulus (*red gum rash*); Cham., Puls., Ant.-C. (*gastric derangement*).

Struma: *see* Scrofulous Affections, etc.

Stye: Puls., Merc., Thuja, Sulph. Staph. (*to prevent recurrence*); Merc.-Iod. and Merc.-Iod. ointment (F. 51) ext.

Suffocation: FEELING OF — Ign., Cimic. (*nervous*); Acon., Dig., Cact., Lilium, Ac.-Hydrocy., Samb. (*from heart disease*).

Sunstroke: Bell., Camph., Gels., Ver.-Vir., Glon., Cact.-G. The last remedy is valuable for sunstroke and its *sequelæ*.

Suppuration: Sil., Hep.-S., Merc., Calc.-C.; China (*for debility*), Sil. (*profuse discharge*); Calc.-Phos. (*tubercular cases*).

Sweat: Ac.-Phos., Phos., Ver.-Alb., Samb., Calc-C.; Merc. (*sour*): Petrol., Carbo V. (*fœtid*); Sil. (*head*).

TENDENCY TO—China, Merc., Ver.-Alb., Carbo V.

See also Night-Sweats.

Sweating Fever: Acon., Bry., Samb.

Swellings: *see* Glands, Gumboils, Dropsy, etc.

Swooning: *see* Fainting.

Sycosis: *see* Beard: ACNE OF. *For* SYPHILITIC SYCOSIS, *see* Condylomata.

Syncope: *see* Fainting.

Synovitis: *see* Joints: INFLAMMATION OF.

Syphilis: Merc.-S., Ac.-Nit., Thuja, K.-Hydriod., Still., K.-Bich., Phyto., Arg.-Nit., Aur.

Tabes Mesenterica: Merc.-Cor. (*when glands are in an inflammatory state*); Bacil., Bar.-C., Iod., Hydras., Sulph., Agar., Ars., Lyc., Calc.-C.; Plumb. acet. (*when there is obstinate constipation*). In cases of great accompanying Atrophy, inunction with olive oil over the whole body every evening. For, or even without Constipation, the abdominal compress, changed two or three times a day.

Tabes Dorsalis (*wasting of posterior columns of spinal cord, causing Paralysis*); *see under* Paralysis.

Tape-Worm: *see* Worms.

Tarsal Ophthalmia: Hep.-S., Euphr., Clem., Sulph., Calc.-C., Merc.-Præcip.-rub. int. and ointment (F. 52).

Taste: LOSS OF—Puls., Merc. (*depraved*); Plumb., Sil.

Teeth: CARIES AND DECAY OF—Merc., Kreas., Phos., Staph., Ars., Sil., Calc.-C. Frequent washing and brushing the teeth is both preventive and curative. A quill tooth pick should be used after every meal, especially if meat has been taken.

SORENESS AND SENSITIVENESS OF—Merc., Bell., Mang., Sulph.

See also Toothache *and* Dentition

Tenesmus (*straining, difficult evacuation*); Merc., Merc.-Cor., Aloes (*dysenteric or with diarrhœa*); Sulph., Nux V., Alum., Podoph., Plumb. (*with constipation*); Arn., Hep.-S., Bell.

Testicles: ENLARGEMENT AND INFLAMMATION OF—Acon., Puls., Bell., Aur., Spong., Arn., Clem., Merc.-Bin.-Iod. *Also* the use of a suspender.

NEURALGIA OF—Aur.

WASTING OF—Iod., **Coni.** A professional correspondent informs us that he has cured three cases by K.-Hydroid.

Tetanus: Nux V., Strych., Acon., Bell., Ac.-Hydrocy., Anti-tetanic serum.

Tetter: DRY—*see* **Psoriasis.**

MOIST—*see* Herpes.

BRANNY—*see* Pityriasis.

Thecal Abscess: *see* Whitlow.

Thread-worms: Cin., Teuc., Merc., Sant., China, Urt.-U.; Ign. (*nervous irritability*).

See also Worms.

Throat: SORE—Acon., Bry. (*simple acute, with dryness*); Bell. (*scraped sensation, and bright redness of the part*); K.-Bich. (*dark red*); Arum Triph. (*burning roughness and stinging*); Merc. (*swollen sensation, salivation, etc.*); Hep.-S. (*chronic cases*); Phyto. int. and as a gargle (F. 29), or Tannin (F. 29) (*when much mucus adheres to the membrane*). Cold compresses. Hot-water gargles are useful, but inhalation of steam is often better; sucking ice also gives relief.

RELAXED OR CLERGYMAN'S THROAT—Calc.-C., Phos., Phyto. (int. and by inhalation), K.-Hydriod., Caust., K.-Bich., Ac.-Nit., Carbo V.; Ars., Ac.-Mur. (*gangrenous*). According to V. Grauvogl, *Arn.* is a most excellent remedy; but in our practice Phyto. 1x generally succeeds. In a note Dr. Dalzell remarks: "The majority of cases of clergyman's sore throat are cured by learning to use the vocal organs properly; that is, speaking with the mouth, and not in the throat with half-empty lungs."

See also Cold in the Head, Quinsy, etc.

Throat Deafness: Puls. (*recent*); Iod. (*chronic*).

Thrush: *see* Aphthæ.

Tic Douloureux: *see* Neuralgia, FACIAL.

Toe-nails, Ingrowing: *see* **Nails.**

Tongue: COATED—Ant.-C. (*milky-white: offensive breath*); K.-Bich. (*yellowish*); Puls. (*roughish white*); Nux V. (*fore part clean, back part thickly furred*); Rhus, Bry. (*brownish*); Merc. (*thick, whitish, slimy fur, offensive breath*). Ant.-T., Ac.-Mur., Bapt.

CRACKED OR FISSURED—Merc.-Cor., Ac.-Nit., Spig., Arum Triph. Hydras. int. and a wash.

DRYNESS OF—Acon., Ars., Bell., Tereb., Bry., Merc., Phos.

INFLAMMATION AND SWELLING OF—Acon., Merc. (*from cold*); Bell., Hep.-S. (*mercurial*); Apis, Arum Triph. (*œdema*); Merc. Vivus.

ULCERS ON—Merc., Merc.-Cor., Merc.-Iod. (*simple, non-mercurial cases*); Ac.-Nit. (*mercurial*); Bapt. as a wash; Hydras. int. and as a wash; Phyto.

Tonsils: INFLAMMATION OF—(ACUTE—*see* Quinsy.

CHRONIC ENLARGEMENT OF—Baryt.-Carb., Sep., Calc.-Phos., Merc.-Iod. Calc.-Iod., Sil. (*tubercular patients*); K.-Hydriod. (*syphilitic*).

Toothache: Acon. *or* Bell. (*burning throbbing*); Merc. (*gnawing, aching, swollen gums, decayed teeth, flow of saliva, gum boil, one tooth rises above the level of the other, etc.*); Kreas. (*from decayed teeth*); Bry., Merc.-V. (*worse at night, tender to touch*); Glon. (*pains extending to back of head, with stiffness*); Cham. (*neuralgic, the pains being unbearable, with swelling of the face, especially in females and children*); Coff. (*relieved by cold; nervous excitability, etc.*); Puls., Staph., Plantago; Phos. *or* Ars. (*tendency to*).

During Pregnancy—Bell., Cham., Coff., Nux V.

See also **Face-ache, Neuralgia, etc.**

Tooth-rash: *see* **Strophulus.**

Torticollis: *see* Wry-Neck.

Tracheitis: (*inflammation of the trachea*); *see* **Croup.**

Tremors: Nervous—Acon., Ign., Coff., Bell., China, Gels.

Trismus: *see* **Tetanus.**

Tuberculosis: Bacil., Iod., Phos., Calc.-C., Ferr.-Iod., Calc.-Iod.

Tympanites (*distension of the bowels*): Coloc., China, Hyos., Iris, Tereb., Nux V., Ars., Lyc., Carbo V., Asaf.

Typhoid-Fever: *see* **Enteric Fever.**

Typhus-Fever: Acon., Bry., Bapt. (*most stages; bewilderment; sinking of the most vital forces* [*also* Ars.]); Pyrogen., Echinacea Ang., Ver.-Vir. (*invasive stage*); Hyos., Bell., Opi., Rhus (*brain symptoms*); Cic. (*insomnia*); Ac.-Phos., Ars. (*extreme exhaustion*); Phos. (*lung complications*); Merc.-Biniod., Phyto. (*glandular enlargements*); Ars., Bapt., Rhus., Ac.-Mur. (*much toxæmia*); Tereb. 1x (*purplish petechiæ about the 12th day*). In true Typhus, *Rhus* is most frequently indicated. Ac.-Phos., China, Sulph., Psorin (*convalescence*).

Ulceration *and* **Ulcers:** K.-Bich., Hydras., Rhus, int. and ext., Ars., Phos. (*small punched out ulcers: chronic, and with debility*), Bell. (*erysipelatous appearance*); Caust., Sil. (*of lower extremities*); Merc., Merc.-Iod., K.-Hydriod., Ac.-Nit.; also local applications of Ars. lotion (F. 35), Ac.-Nit. lotion (F. 33) *syphilitic*); Sil. (*torpid*); Merc.-Iod., Phos., Sulph., *or* Calc.-C. (*tubercular*). Ac.-Carbol. lotion (F. 31) (*torpid or fungous ulcers*).

Varicose: Ars. (*burning debility*); Lyc.; Ham., ext. and int.; Ferr.-Mur., ext.

Urethra: Inflammation of—Cann., Gels. *See also* **Gonorrhœa.**

Stricture of (*spasmodic*)—Gels., Camph. (*especially when caused by blistering-fly*); Canth., Acon. (*urging with cutting and tearing pains*); Merc. (*purulent discharge*); Nux V., Sulph., Clem., Silic., Phos.; also a hot-bath, fomentation, or injections per rectum. Cann., Hydras. ø (*organic stricture, and after repeated attacks of Gonorrhœa*). When passing catheter the patient should sit on hot sponge.

Urine: Abnormal Conditions of—Canth., Tereb., Ham. (*bloody*); Tereb., Dulc., Ac.-Nit. (*fœtid*); Ac. Benz. (*dark-coloured, smells like horses'*); Lyc., Nux V., Ant.-C. (*gravelly*); Lyc. (*lithates*); Acon. (*with fever*); Bry. (*high-coloured*); Ac.-Phos. (*milky looking, especially in children*); Chim. (*difficult urination, with mucous sediment*); Aur., Iod., Eup.-Pur., Dulc., Ant.-C., Ac.-Nit., Puls. (*mucous*); Uva (*thick and ropy*);

Canth., Clem., Puls., Chim., Sabi. (*purulent*); Lyc., Puls. (*purulent, with nauseous smell and gastric derangements*); Cin. (*thick and turbid, whitish, worms, etc.*); Merc., Ac.-Phos. (*symptoms worse in the morning*); Sabad., Rhus, China, Phos.

Excessive—Scill. (*pale watery*); Murex (*very pale and excessive*); Ign., Hyos. (*hysteric patients*); Ars., Ac.-Phos. (*diabetic*); Bell., Phos.

Burning or Scalding during Passage of—Canth., Copa., Cann., Merc.-Cor., Gels., Acon., Bell., Apis, Lyc., Nux V.

Incontinence of—Cin. (*from worms*) Ac.-Phos. (*especially in old men*); Podoph. (*in women with sense of prolapsus*); Bell. (*copious nocturnal discharges*); Ac.-Benz. (*in children with dry, rough skin, particularly with offensive odour*); Uran.-Nit., Gels., Ac.-Benz. (*in the aged*); Ac.-Phos., Canth. (*nocturnal in children*); Ferr.-Phos. (*diurnal only*); Ars. (*when caused by iron*); Acon., Canth., Arg.-Nit., Apis, Eup.-Pur., Lyc.

Scanty—Acon., Bry., Canth., Apis., Colch., Dig., Hell., Ruta, Staph.

See also **Dropsy.**

Retention of—Camph. (*sudden spasmodic*); Nux V. (*spasmodic*); Gels., Ign. (*hysterical*); Canth. Opi., Arn., Hyos. (*in typhoid*).

Suppression of—Tereb.. Acon. (*from cold*).

rticaria: Simple—Apis., Rhus, Crot.-Tig., Ant.-Crud., Urt.-U., Ars. alt. Apis is recommended.

From Cold—Acon., Dulc. (*from damp*).

From Gastric Disorder—Ant.-C., Nux V., Puls.

Chronic—Ars., Sulph.-Quin., Apis, Sulph., Nat.-Mur., Astac.-fluviat.

Uterus: Antiversion of—Lilium.

Congestion of—Bell., Murex, Lilium, Ver.-Vir. and lotion over the abdomen, *or* Sabi. (*arterial*); Coni., Puls., Sep. (*venous*); Gels., Caul., Cimic. Dr. Moore says: "*Merc.-Sol.* and *Sep.* after *Bell.* are most reliable."

Hæmorrhage from—Ham., Ipec., Trill., Croc., Sec., Sabi., China, Erigeron.

See also **Menstruation:** Profuse.

Induration of—Merc.-Cor., Plat., Aur., Iod., Sil.

Inflammation of—Acon., Bell., Nux V., Iod.

Irritability and Neuralgia of—Acon., Cimic. (*especially rheumatic*); Bell., Plat, Xanth., Gels., Ver.-Vir., Caul.

Prolapsus of—Fraxinus Amer., Helon., Podoph., Bell., Sep., Arn., Stann., Sec., Nux V., Aletris, Merc.-S. Consult an expert as to need of mechanical support.

Retroversion of—Ferr.-Iod., Sep., Aletris. Obtain an expert opinion.

Spasm or Colic of—Cocc., Caul., Nux V., Ign., Sec., Cham., Gels.

Ulceration of—Merc.-C., Sep., Ars. Also local application of Glyc. Hydras. (F. 6), *or* injections of Calend. lotion (F. 29), of Carbol. Glycer (F. 32).

Varices: *see* **Veins:** Varicose.

Varicocele: Puls.; Ham. int. and ext.; Ac.-Fluor (*chronic cases*); Ferr.-phos., Plumb., Phos., Arum.; also a suspender, or Hernia truss.

Variola: *see* **Small-pox.**

Veins: Inflammation of—Acon., Puls.; Ham. (*varicose condition*); Phos., Lach. *Also* Arn. ext. (*for pain*); *or* Ham. ext. (*varicosis*).

Varicose—Ham., Puls., Ac.-Fluor Sil., Ferr.-Phos., Ham. ext.

See also Ulcers. Varicose.

Venereal Disease: *see* **Gonorrhœa, Syphilis,** etc.

Vertigo: Gels., Nux V., Puls., Calc.-C., Kali C., Bell. (if Bell. fail, Atropia), Bry., Acon.; Ac.-Hydrocy. (*with headache*); Cact. (*from heart disorders*); Cocc. (*with sickness*); Iod. (*in old persons*); Dig. (*from feeble heart's action*); Glon. (*with occipital pain*); Sulph.; Ac.-Phos. (*brain-fag*).

Vesicles: *see* **Eruptions; Erysipelas:** VESICULAR, etc.

Voice: HOARSE, LOSS OF, WEAKNESS OF, etc.—Caust. (*recent, from cold, or over-use of the voice*); Arn. (*from over-use*); Acon., Bell. (*acute cases, with dry hard cough*); Phyto. (*constant dryness and roughness, with cough and dark redness of the fauces*); Hep.-S., Rumex (*chronic hoarseness, wheezing breathing, loose cough, etc.*); Nux V. (*from spinal irritation*); Graph. (*dry, rough voice, cough, etc.*); Ign. (*hysterical*); Ant.-C. ("*when heated*"); K.-Bich. (*especially in tenor voices or in beer drinkers, with dark redness of fauces*); Phos., Carbo V. (*in elderly men*); Spong.

See also **Aphonia,** *and* **Hoarseness.**

Vomiting: CHRONIC—Kreas., Ipec. (*with retching*); Ver.-Vir. (*violent prolonged vomiting and hiccough, and sensation as of a ball rising in the throat*); Cocc., Petrol. (*from the motion of a carriage*); *see* **Sea-sickness**); Hydras., Kreas., Ars., (*from ulceration or cancer of the stomach, with wasting; gastritis, etc.*); Zinc. (*without retching*); Ac.-Sulph. (*empty retching*); Coni. (*chocolate-coloured in cancer symptoms*); Arg.-Nit. (*with great sourness*); Lyc. (*greenish masses*); Ant.-T. (*whitish rice-water vomit. with diarrhœa of similar fluid*); Nux V. (*from gastric causes preceded by spasmodic pains*); Ver.-Alb. (*prostration and cold sweats*); Puls. (*mucous*); Apomorphia. Cold compress over stomach. In obstinate vomiting from spinal irritation Dr. Dalzell has found Chapman's spinal icebag give speedy and permanent relief, applied an hour or more morning and night.

OF BILE—Iris, Podoph., Ipec., Bry., Merc.

OF BLOOD—Ipec., Ham., Kreas.

See **Hæmatemesis.**

OF MILK IN CHILDREN*—Nux V., Ac.-Sulph^{s}., Ipec., Sil.

CURDLED—Œthusa.

See also **Dyspepsia; Sickness.**

Vulvæ, pruritus: Chlor.-Hyd., Collin., Sep., Ac.-Nit., Ambra., Copaib., Bor. int. and ext., Ign., Opi., Apis, Radium. Local use of the flowers of Sulphur (*especially for Worms*), Ac.-Carbol. lotion (F. 31). Ferri Tinct. dil. Infusion of Tobacco. Borax ʒiij., Ac.-Hydrocy. dil. ʒj., Rose water, ℥ x. Elder Flower water.

Walking: DELAY OF THE POWER OF —Calc.-C., Sil., Phos., Ver.-Vir., Caust., Sulph., Calc.-Phos.

Wakefulness: *see* **Sleeplessness.**

Warts: Thuja, Calc.-C. (*small, soft*); Sep. (*large, hard*); Sil., Sulph., Kali Mur.

Wasting: *see* **Atrophy**; *also* **Emaciation.**

Water-brash: Lyc., Nux V., Iris., Chrom.-Ac., Bry., Carbo V., Rob., Ars.; Ac.-Sulph., a few drops in a wineglass of water.

See **Heartburn, Dyspepsia,** etc.

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* The prescriptions in the text are not for vomiting from over-feeding.

Veakness: *see* **Debility.**

Vens: OPERATION—Bary.-Carb., K.-Hydriod., Sil., Calc.-C., Graph., Lyc.

Vetting-the-bed: *see* **Urine:** INCONTINENCE OF.

Vhites: *see* **Leucorrhœa.**

Vhite-Swelling: Bry., Arn. (*early stage*); Iod., Sil., Calc.-C., Sulph.

Vhite Leg: *see* **Phlegmasia Alba Dolens.**

Vhitlow: Sil., Bell. *or* Acon.; Hep.-S. Lach., Merc.; Stram. (*intolerable pain*). A compress of absolute alcohol is of great service on the application of Glycerine and Belladonna. If administered early, *Sil.* generally prevents the development of a Whitlow. Hot fomentation or poulticing is useful.

hooping-Cough: Acon. (*at commencement*); Ipec. (*with gastric symptoms, vomiting of mucus, sometimes hæmorrhage*); Dros. (*severe paroxysms of hoarse cough, even with hæmorrhage and vomiting*); Coccus Cacti (*violent spasmodic cough with copious expectoration of stringy mucus*); Arn. (*child cries before the fit of coughing comes on*); Cup.-Acet. (*croup-like cough, with convulsive movements: threatened death from collapse of air-cells of the lungs*); Bell. (*sudden and violent paroxysms with sore throat, brain symptoms, worse at night; child cries with cough*); Petrol (*great sickness—also* Ipec.); Phos. (*lung complication*); Cin. (*worm symptoms*); Coral., Ver.-Alb., Gels. Ver.-Vir., Nux V.

nd: *see* **Flatulence.**

omb: *see* **Uterus.**

Worms: LONG *or* ROUND—Merc., Sant., Ign., Spig., Sulph., Cin. ø.

TAPE—Filix.-Mas. ø in drop doses, morning and night for two or three weeks; Kousso, Cin., Sulph., Haustus Filicis Maris. (F. 59). The draught early in the morning after fasting or after taking only liquid nourishment during the previous day. Dr. E. M. Hale states that "Pumpkin seeds, bruised, ʒj. at night; next morning castor oil ʒss. and ether ʒj., mixed, will be followed by the expulsion of the worms in 6 to 8 hours."

THREAD—Cin. (*children*); Samb., Filix, Teuc. 1x (*adults*); Merc., China, Ign., Sulph. Sant. 1x. any suppositories of cocoa-butter containing gr. ss. of *Sant.* Mr. Nankivell thinks *Sant.* the best remedy, and prefers it to *Cin.* Lime-water injections for a week are recommended. In obstinate cases a large injection may be used, in which a solution of Corrosive Sublimate (¼ gr. to ℥ij.) is added.

Wounds: Calend. (*lacerated and incised*); Led. (*punctured*); Arn. (*contused*); Ham. (*much discoloration*)—all remedies should be used int. and ext.

Wry-Neck: Cimic., Macrot., Rhus, Ign., Bell., Nux V., Merc., Acon.

Yawning: Ign., Plat., Rhus (*convulsive*); Acon. (*with chilliness, and excessive and continually-recurring flatulence*); Nux V., Lyc., Zinc.

Yellow-Fever: Camph. (*chill stage*); Acon. Bell. (*fever*); Crotal, Phos.; Bry. *or* Ipec. (*gastric symptoms*); Canth. (*suppressed urine*); Arg.-Nit. (*black vomit*); Ars.-A.

Zona: *see* **Herpes:** ZOSTER.

FORMULÆ.

GLYCEROLES, INJECTIONS, LINIMENTS, LOTIONS, OILS, AND OINTMENTS.

I.—GLYCEROLES.

1. GLYCER. ALOES.

℞. Tr. Aloes ø ʒj.
Glycer. ʒix. M.

Cracked skin, lips, nose, hands, etc.; fissured and sore anus.

2. GLYCER. AMYLI.

℞. Pulv. Amyli opt. ℥j.
Glycer. ℥viij.

Rub together till intimately mixed; then transfer the mixture to a porcelain dish, and apply heat, gradually raised to 240° F., stirring constantly until the starch particles are completely broken, and a translucent jelly is formed.

Broken Chilblains; Fistula; Prolapsus ani; prevention of bed-sores; irritation of the skin from any cause, etc.

3. GLYCER. AMYLI MEDICAT.

℞. Glycer. Amyli ℥j.
Trit. vel. Tinct. ø ʒj. M.

4. GLYCER. BORACIS.

℞. Pulv. Boracis ℥j.
Glycer. ℥iv. Solve.

Thrush: Pruritus vulvæ.

5. GLYCER. EXTRACTI HAMAM.

℞. Extracti Hamam. ʒj.
Glycer. }
Aq. Dest. } *aa* ʒiiss. M.

Fistula of anus; Prolapsus.

6. GLYCER. HYDRAST.

℞. Tr. Hydrastis Can. ø ʒj.
Glycer. ad ℥ss. M.

Inflammation of uterus; sore nipples, fissured anus; cracked lips, etc.

7. GLYCER. AC. MUR.

℞. Ac. Hydrochlor. P. B. gtt. v.
Glycer. ℥ss. M.

Ulcerous Thrush; ulcerated throat.

8. GLYCER. AC. MUR. FORT.

℞. Ac. Hydrochlor. P.B. gtt. x.
Glycer. ℥ss. M.

Ulcerated throat; Thrush, etc.

9. GLYCER. PHYTOLACCÆ.

℞. Tr. Baccæ Phyto. Decand. ø ʒj.
Glycer ad ℥ss. M.

Inflammation of bone; Condylomata; excoriation of breast, etc.

10. GLYCER. AMYLI *c.* AC. TANNIC.

℞. Glycer. Amyli ʒj.
Glycer. A. Tannici ℥j. M.

Itching of anus, etc.

11. GLYCER. AC. TANNICI.

℞. Ac. Tannic. ℥j.
Glycer. ℥iv.

Rub together in a mortar, then transfer the mixture to a porcelain dish, and apply a gentle heat until completely dissolved.

12. Glycer Ac. Sulphurosi.
℞. Ac. Sulphurosi ʒij.
Glycer. ℥jss. M.

Chapped hands; Chilblains; Ringworm, etc.

13. Glycer. Ver.-Vir.
℞. Tr. Ver.-Vir. ø ʒj.
Glycer. ʒix. M.

Sore nipples.

II.—INJECTIONS.

14. Injectio Glycer. Hydrast.
℞. Hydrast. Can. ø ʒj.
Glycer. ʒiij. M.
Aq. Dest. ℥ss.

15. Injectio Morphiæ.
℞. Morphia Pur. gr. ij.
Ol. Amyg. Dulc. ℥j.
Triturate together in a mortar.

16. Injectio Pot. Permang.
℞. Pot. Permang. Cryst. grs. v. vel. x.
Aq. Dest. ℥j. Solve.

17. Injectio Liq. Plumbi.
℞. Liq. Plumbi Diacet, ʒss.
Aq. Dest. ℥ij. M.

8. Injectio Glycer. Ac. Tann.
℞. Glycer. Ac. Tann. (F. 11)ʒiij.
Ol. Oliv. ℥j.
Mucilage ℥j. M.

9. Injectio Zinci Chlor.
℞. Zinci Chlor. grs. viij.
Aq. Dest. ℥viij.
Solve et cola.

III.—LINIMENTS.

0. Lin. Ac. Carbol.
℞. Ac. Carbol. Pur. ℥j.
Ol. Oliv. opt. ℥iv. M.

To facilitate desquamation in Scarlet-ever, Measles, etc.

21. Lin. Ac. Carbol. Fort.
℞. Ac. Carbol. Pur. ʒij.
Ol. Oliv. opt. ℥jss. M.

Burns and Scalds: to prevent excoriations, etc.

22. Lin. Acon.
℞. Tr. Acon. Rad. ø ʒj.
Lin. Saponis P.H.B. ad ℥j. M.

Neuralgia; local forms of Rheumatism.

23. Linn. Bell.
℞. Chlorof. ʒj.*
Tr. Bell. ø ʒvij. M.

Neuralgia; Rheumatism.

24. Lin. Calcis.
℞. Gl. Lini. ℥ij.
Liq. Calcis ℥ij.
Tr. Calend. ℥ij. M.

Burns; Chilblains, etc.

Linen saturated with this and applied over the burn, and occasionally painted over with a soft brush, without removing the linen.

25. Lin. Camphoræ.
℞. Camphoræ. ℥j.
Ol. Oliv. opt. ℥iv. Solve.

Scarlatina; Chicken-pox; Itching.

26. Lin. Rhus Tox.
℞. Tr. Rhus Tox. ø ʒjss.
Lin. Saponis P. H. B. ad ℥jss. M.

Lumbago, and other forms of local Rheumatism; Straining; Stiffness of joints, etc.

27. Lin. Urticæ Ur.
℞. Tinct. Urt. Ur. ø ℥j.
Ol. Oliv. opt. ad ℥iij. M.

Ulcerated Burns.

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* "Chloroform has been proved by Dr. A. Waller to give great power to spirit to carry medicines through the skin into the circulation. I take advantage of this fact and add Chloroform to all spirituous lotions, as Arn., Rhus., Bell., Opi., Cimic., etc. It is frequently necessary to soften the above chloroformized lotions by additions of oil" (*Dr. W. Johnson*).

28. **Lin. Ver.-Vir.**
℞. Tr. Ver.-Vir. ø ℥j.
Lin. Saponis P. H. B. ad ℥j. M.
Over lower part of spine, in some forms of Paralysis, and nervous pain.

IV.—LOTIONS.

29. **Lotiones Medicat.**
℞. Tr. ø ʒj.
Aq. Dest. ad ℥vj. **M.**

30. **Lotio Ac. Benz.**
℞. Ac. Benz. Pur. grs. xv.
Aq. Dest. ℥viij.
Sp. V. Rect. ʒiij.

Dissolve the Benzoic Acid in the Rectified Spirit, add the distilled water, and shake thoroughly until the precipitate which forms is entirely redissolved.

Sore nipples ; Itching of the skin, etc. Its usefulness has been largely tested.

31. **Lotio Ac. Carbol.**
℞. Ac. Carbol. Pur. gr. x.
Aq. Dest. ℥v. Solve.
Ulcers ; Inflammation of the mouth ; Pruritus Vulvæ.

32. **Lotio Ac. Carbol. Fort.**
℞. Ac. Carbol. Purr. ʒjss.
Glycer. ℥ss.
Aq. ad ℥vj.
Burns and Scalds ; to prevent excoriations, etc.

33. **Lotio Ac. Nit.**
℞. Ac. Nit. Fort. gtt. xxiv.
Aq. Dest. ℥vj. M.

34. **Lotio Ant. Tart.**
℞. Ant. Tart. Pulv. gr. j.
Aq. Calid. ℥ss.
Glycer. ℥ss.

Dissolve the Antimony in the warm water, and add the Glycerine.

Acne of the beard.

35. **Lotio Arsenica.**
℞. Tr. Ars. 2x. ʒss.—ʒj.
Aq. ℥vj.—℥viiij. M.
Or ℞. Liq. Arsenicalis (B.P.) gtt.
v.—x.
Aq. ℥viij. M.
Ulcers, with internal use of Arsenic ; Pruritus vulvæ.

36. **Lotio Boracis.**
℞. Pulv. Boracis gr. xx.
Aq. Des. ℥ij. Solve.
Excoriations ; Pruritus vulvæ.

37. **Lotio Boracis *c.* Camph.**
℞. Pulv. Boracis ʒj.
Sp. Camph. ℥j.
Lin. Saponis ℥ij.
Glycer. ℥ss.
Aq. Dest. ℥xii. M.
Ringworm, Dandruff, etc.

38. **Lotio. Calc. Mur.**
℞. Tr. Calc. Mur. 1x ʒj.
Aq. Dest. ad ℥j. M.
Boils.

39. **Lotio Carbonis Deterg.**
℞. Liq. Carb. Deterg. ʒss.
Aq. Dest. ad ℥viij. M.
Porrigo : Eczema ; Itching of anus

40. **Lotio Hamam. Fort.**
℞. Tr. Hamam. ø ʒij.
Aq. Dest. ℥j. M.
Chilblains ; Fistula : Phimosis.

41. **Lotio Hydrast. Mur.**
℞. Hydrast. Mur. grs. iij.
Aq. Dest. ℥iij. Solve.
Stomatitis.

42. **Lotio Kali Hyd.**
℞. Kali Hyd. ø℥j.
Aq. Dest. ℥viij. Solve.
Glandular Swellings.

43. Lotio Sulphuris.

℞. Tr. Sulph. ø ʒj.
Aq. Dest. ad ℥j. M.

Ulcers; Acne of the beard.

V.—OIL.

Extracts of the fresh plants in olive or linseed oil.

44. Ol. Arnicæ.

For external application in all cases where Arnica is indicated.

45. Ol. Hyperici.

For application to bed-sores, to painful effect of injuries and broken limbs.

VI.—OINTMENTS.

46. Ung. Arnicæ.

℞. Flor. Arnicæ ℥iij.
Fol. Arnicæ ℥j.
Adipis Præparatæ ℔ij.

Moisten the flowers and powdered leaves with half their weight of distilled water, heat them together with the lard in a water-bath for three or four hours, and strain.

An excellent method of applying Arn. to parts where the lotion cannot be used.

47. Ung. Bals. Peru.

R. Bals. Peru, ʒij.
Cerat. Cetacei, ʒiv. M.

A useful cerate for bed-sores.

48. Ung. Bismuthi.

℞. Bismuth. Nit. grs. xxx.
Adipis Præparatæ ℥j. M.

Obstinate and intense itching and irritation, such as attends Eczema, and other skin diseases.

49. Ung. Hep. Sulph.

℞. Hep. Sulph. Pur. grs. iij.
Adipis Præparatæ ℥j. M.

Ganglion.

50. Ung. Hydrarg. Nit. Dil.

℞. Hydrarg. Nit. P. B. ʒj.
Cerat. Cetacei ℥j. M.

Itching of anus.

51. Ung. Merc. Biniod.

℞. Biniod. Merc. grs. ij.
Adipis Præparatæ ʒiij. M.

Stye: Acne of the beard; Ganglion.

52. Ung. Merc. Præcip. Rub.

℞. Merc. Præcip. Rub. grs. iij
Ung. Simpl. ℥j. M.

Tarsal Ophthalmia.

53. Ung. Potassii Iod.

℞. Potassii Iod. grs. lxiv.
Potassii. Carb. grs. iv.
Aq. Dest. ʒj.
Adipis Præparatæ ℥j.

Dissolve the Iodide of Potassium and Carbonate of Potash in the water, and mix thoroughly in a mortar; or by adding the liquid to the melted lard, and whipping till cold, as in making cold cream.

Condylomata.

54. Extractum Rumicis.

℞. Rad. Rumicis Crisp. recentis ℥iv.
Glycer. ℥iij.
Aq. Dest. ℥xxvij.

Exhaust the root by percolation with the glycerine and water mixed together, and evaporate to the consistency of syrup.

55. Ung. Rumicis.

℞. Extracti Rumicis (see F. 52) ʒj.
Cerat. Simpl. P. H. B. ℥j. M.

Itch.

56. Ung. Rumicis *c.* Sulph.

℞. Ung. Rumicis (see F. 53) ℥j.
Sulph. Hypochlor. ʒij. M

Acne of the beard.

57. Ung. Sulphuris.

℞. Sulph. Sublimat. ℥j.
Adipis Præparatæ ℥iv. Misce. bene.

Itch; fissured sore anus; Stye, etc.

58. Ung. Sulph. Hypochloridi.
℞. Sulph. Hypochlor. ʒij.
Adipis Præparatæ ℥j. M.
Acne Rosacea.

VII.—MISCELLANEOUS.

59. Haustus Filic. Maris.
℞. Ol. Filic. Maris ʒj.
Mucilag. }
Glycer. } *aa* ʒij.
Aq. Dest. ℥ij. M.
Tape-worm.

60. Mistura Hydrast.
℞. Hydrast. Mur. gr. iij.
Ac. Mur. dil. P. B. ʒj.
Ac. Dest. ad ℥vj. M.

A tablespoonful three times a day, ten minutes before a meal.

Acidity, etc.

61. Pepsine.
℞. Dr. Beale's Pepsine, gr. xij
Ac. Hydrochlor. dil. ʒij.
Glycer. ʒij.
Aq. Dest. ℥ij.

Dose, one tablespoonful (=2 grs.).

Dyspepsia.

LIST OF REMEDIES AND ATTENUATIONS.

List of the Chief Remedies Prescribed in the Clinical Directory, their Abbreviations, and the Attenuations recommended for household Use.*

Name.	*Abbreviation.*	*Attenuation.*
Acidum Benzoicum	*Ac.-Benz.*	3x, 2. (See F. 30).
,, Carbolicum	*Ac.-Carbol.*	1x, 1 int. (One part of ø to 100 of water for external use; see also F. 20, 21, 31, and 32.)
,, Fluoricum	*Ac.-Fluor.*	3, 6.
,, Hydrocyanicum	*Ac.-Hydrocy.*	3x, 3.
,, Muriaticum	*Ac.-Mur.*	1x, 1, 3; ø as a gargle or paint in affections of the throat. (See F. 7 and 8.)
,, Nitricum	*Ac.-Nit.*	1x, 1, 3x, 3. (See F. 33.)
,, Oxalicum	*Ac.-Oxal.*	3x, 3.
,, Phosphoricum	*Ac.-Phos.*	1x, 1, 3x, 3.
,, Sulphuricum	*Ac.-Sulph.*	1, 6, 12.
,, Sulphurosum	*Ac.-Sulphs.*	1x. (See F. 12.)
,, Tannicum	*Ac.-Tann.*	1x. (See F. 10, 11, and 18.)
Aconitum Napellus	*Acon.*	1x, 3x, 3, 6. (See F. 22.)
Æsculus Hippocastanum	*Æscul.*	1 or 3x is best according to our experience, but Dr. Hale states that it acts well in almost any dilution.
Agaricus Muscarius	*Agar.*	ø, 1x, 1, 30.
Ailanthus Glandulosa	*Ailan.*	1x, 1.
Aloe	*Aloes*	1x, 1, 6. (See F. 1.)
Alumina	*Alum.*	3x, 3.
Ammonii Bromidum	*Ammon.-Brom.*	1x.
Ammonium Carbonicum	*Ammon.-Carb.*	1x, 1.
,, Muriaticum	*Ammon.-Mur.*	1x, 3x, 3, 30.
Anacardium	*Anac.*	1x, 1, 3.
Antimonium Crudum	*Ant.-C.*	3, 5.
,, Tartaricum	*Ant.-T.*	1, 3x, 3, 5. (See F. 34.)

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* With many patients, medicines if well indicated act more powerfully and persistently in high potencies. But the higher potencies are best left to the expert and consequently those here recommended for household emergencies are mainly the lower ones. It must be understood, however, that (especially in chronic diseases) the use of the high potencies is frequently invaluable.

Name.	*Abbreviation.*	*Attenuation.*
Apis Mellifica	*Apis*	ø, 1x, 3x, 3.
Apocynum Cannabinum	*Apoc.*	ø (1 to 5 drop doses in dropsy); 1x catarrh).
Argentum Metallicum	*Arg.-Met.*	3x, 6.
,, Nitricum	*Arg.-Nit.*	1, 3x, 3.
Arnica Montana	*Arn.*	1x, 3x, 3, 6 (6 *said to be best for hæmorrhage from the lungs*). (See F. 44.)
Arsenicum Album	*Ars.*	1x, 3x, 3, 6, 12. The lower dilutions act best in Cancer, Cholera, low fevers, and skin affections, the higher in nasal catarrh, Influenza, Neuralgia, etc. (See F. 35.)
,, Iodide	*Ars.-Iod.*	1, 3x.
Asafœtida	*Asaf.*	1x, 3x (hysteric disorders); 6 to 12 (diseases of bone).
Asclepias Tuberosa	*Asclep.-Tub.*	ø, 1x.
Atropia	*Atrop.*	1, 3x.
Aurum	*Aur.*	1, 3x, 5, 6.
,, Muriaticum	*Aur.-Mur.*	1, 3x, 3.
Baptisia	*Bapt.*	ø, 1x, 3x.
Baryta Carbonica	*Bary.-Carb.*	3x, 6, 12, 30.
,, Muriatica	*Bary.-Mur.*	1x, 3x, 3.
Belladonna	*Bell.*	ø, 1x, 1, 3x, 6, 12. (See F. 23.)
Berberis	*Berb.*	ø, 1x, 3x.
Bismuthum	*Bism.*	ø, 1x, 1. 3x, (See F. 48.)
Borax		1x, 1, 3x. (See F. 4, 36, and 37.)
Bovista	*Bovis.*	3x, 12.
Bromium	*Brom.*	1.
Bryonia Alba	*Bry.*	1x, 1, 3x, 6.
Cactus Grandiflorus	*Cact.*	ø, 1x, 3x, 6.
Calcarea Carbonica	*Calc.-C.*	3, 6, 12, 30.
,, Muriatica	*Calc.-M.*	1x, 1. (See F. 38.)
,, Phosphorica	*Calc.-Phos.*	1x, 3x, 3.
Calendula	*Calend.*	ø (for external use).
Camphora	*Camph.*	ø. (See F. 25 and 37.)
Canaabis Indica	*Cann.-Ind.*	ø, 1x, 3x.
,, Sativa	*Cann.-Sat.*	ø, 1x, 3x.
Cantharis	*Canth.*	1x, 1, 3x. (For external use, one part of the ø tincture to about forty of water.)
Capsicum	*Caps.*	1x, 3x, 3.
Carbo animalis	*Carbo An.*	1x, 1, 3x, 6, 30.
,, Vegetabilis	*Carbo V.*	1x, 1, 3x, 6, 12, 30.
Caulophyllum Thalictroides	*Caul.*	1x, 1, 3x, 6.
Causticum	*Caust.*	3x, 6; 1 for external use.

Name.	*Abbreviation.*	*Attenuation.*
CEDRON	*Cedr.*	1x, 3x.
CHAMOMILLA	*Cham.*	3x, 6, 12.
CHELIDONIUM MAJUS	*Chel.*	1x, 3x, 3
CHIMAPHILA	*Chim.*	0.
CHINA	*China*	0, 1x, 3x.
CHININI BROMIDUM	*Chin.-Brom.*	1x.
CHININUM SULPHURICUM (QUININE)	*Chin.-Sulph.*	gr. $\frac{1}{6}$, 1x, 1-6.
CHLORAL HYDRATE	*Chlor.-Hyd.*	1x.
CICUTA VIROSA	*Cic.*	1, 3x.
CIMICIFUGA	*Cimic.*	0, 1x, 3x.
CINA	*Cin.*	1x, 3x, 6.
CISTUS CANADENSIS	*Cist.*	1x, 1.
CLEMATIS	*Clem.*	1x, 1, 3x.
COCCULUS INDICUS	*Cocc.*	1x, 3x.
COCCULUS CACTI	*Cocc.-Cact.*	1.
COFFEA	*Coff.*	3x, 3, 6.
COLCHICUM	*Colch.*	0, 1x, 3x.
COLLINSONIA CANADENSIS	*Collin.*	0, 3x.
COLOCYNTHIS	*Coloc.*	1x, 3x, 6.
CONIUM	*Coni.*	0, 1x, 3x, 6, 12.
COPAIVA	*Copa.*	1x, 1.
CORALLIUM	*Coral.*	3, 6, 12.
CROCUS SATIVUS	*Croc.*	1x, 2x, 3x, 3.
CROTON TIGLIUM	*Crot.-Tig.*	3x, 6 (1 externally in Eczema Rubra).
CUPRUM ACETICUM	*Cup.-Ac.*	1, 3.
,, METALLICUM	*Cup.-M.*	3x, 3, 6.
CYCLAMEN	*Cycl.*	3x, 3.
DIGITALIS	*Dig.*	0, 1x, 3x.
DIOSCOREA VILLOSA	*Diosc.*	0, 1x, 3x.
DROSERA	*Dros.*	0, 1x, 3x, 3.
DULCAMARA	*Dulc.*	1x, 3x, 3.
ELAPS	*Elaps.*	7 or 8 (lowest procurable).
ELATERIUM	*Elat.*	1, 3x.
EUPATORIUM PERFOLIATUM	*Eup.-Perf.*	0, 1x, 3x.
,, PURPUREUM	*Eup.-Pur.*	1x, 1, 3x.
EUPHORBIUM	*Euphor.*	3x.
EUPHRASIA	*Euphr.*	1x, 3x, 6; 0 one part to ten for external use.
FERRUM METALLICUM	*Ferr.-M.*	1, 3x, 5.
,, MURIATICUM	*Ferr.-Mur.*	0, 1x, 3x.
,, PHOSPHORICUM	*Ferr.-Phos.*	1, 3x.
,, REDACTUM	*Ferr.-Red.*	0, 1x.
FILIX MAS	*Filix.*	0. (See F. 59.)
GELSEMINUM	*Gels.*	0, 1x, 3x. (In facial neuralgia on the left side, the 0 tincture acts very quickly.)

Name.	*Abbreviation*	*Attenuation.*
GLONOINE	*Glon.*	3x, 3.
GRAPHITES	*Graph.*	2, 6, 1, 2.
HAMAMELIS VIRGINICA	*Ham.*	1x, 3x ; ø ext. (See F. 5 and 40.)
HELLEBORUS NIGER	*Hell.*	1x, 3.
HELONIAS DIOICA	*Helon.*	ø, 1x.
HEPAR SULPHURIS	*Hep.-S.*	1, 3x, 3, 6. (See F. 47).
HYDRASTIS CANADENSIS	*Hydras.*	ø, 1x, 3x, 3. (See F. 6, 14, 41, and 60.)
HYOSCYAMUS NIGER	*Hyos.*	ø, 1x, 3x, 3.
HYPERICUM PERFORATUM	*Hyper.*	1x.
IGNATIA AMARA	*Ign.*	ø, 1x, 3x, 3, 6.
IODIUM	*Iod.*	1, 3x, 1x, as a paint.
IPECACUANHA	*Ipec.*	ø, 1x, 3x.
IRIS VERSICOLOR	*Iris.*	ø, 1x, 3x.
JUGLANS CINEREA	*Jug.-C.*	ø.
KALI BICHROMICUM	*K.-Bich.*	1, 3x, 3.
,, BROMIDUM	*K.-Brom.*	ø, 1x.
,, CARBONICUM	*K.-Carb.*	6, 12, 30.
,, CHLORATUM	*K.-Chlor.*	ø, 1, 3x, 3.
,, HYDRIODICUM *or* IODIUM	*K.-Hydriod.*	ø, 1x, 3x. (See F. 42 and 53.)
,, NITRICUM	*K.-Nit.*	1x, 3x.
,, PERMANGANICUM	*K.-Permang.*	(The salt as an injection—F. 16; and as a gargle—one part in about 50 of water.)
KALMIA LATIFOLIA	*Kalm.*	ø, 1n, 3x.
KREASOTUM	*Kreas.*	1, 3x, 6, 12. (For external use, one drop of pure tincture to 80 of water.)
LACHESIS	*Lach.*	6, 12.
LAUROCERASUS	*Lauro.*	ø, 1x, 3x.
LEDUM PALUSTRE	*Led.*	1, 3x ; ø ext.
LEPTANDRA VIRGINICA	*Lept.*	ø, 1x, 3x.
LOBELIA INFLATA	*Lobel.*	ø, 1x, 3x.
LYCOPODIUM	*Lyc.*	3x, 3, 5, 6, 12, 30.
MANGANUM ACET	*Mang.*	1x, 3x, 3.
MERCURIUS BINIODATUS	*Merc.-Biniod.*	1, 3x. (See F. 49.)
,, COROSIVUS	*Merc.-Cor.*	1, 3x, 3.
,, IODATUS	*Merc.-I d.*	1, 3x.
,, SOLUBILIS	*Mer.-S.*	1, 3x, 5, 6.
,, VIVUS	*Merc.-V.*	1, 3x, 5, 6.
MEZEREUM	*Mez.*	1x, 3x.
MILLEFOLIUM	*Mill.*	ø, 1x.
MOSCHUS	*Mosch.*	ø, 1x, 3x, 6.
MUREX PURPUREA	*Murex*	3.

Name.	*Abbreviation.*	*Attenuation.*
NAJA	*Naja*	6.
NATRUM CARBONICUM	*Nat.-Carb.*	5, 12.
,, MURIATICUM	*Nat.-Mur.*	6, 12, 30.
NUPHAR LUTEA	*Nuph.*	1x, 3x.
NUX JUGLANS	*Nux Jug.*	1, 3.
,, MOSCHATA	*Nux Mosch.*	3x.
,, VOMICA	*Nux V.*	ø, 1x, 1, 3x, 3, 6. (The 6th dil. is much prescribed for flatulence. constipation, etc.)
OLEANDER	*Olean.*	ø, 1x, 3x.
OPIUM	*Opi.*	1x, 3x, 3, 30.
PETROLEUM	*Petrol.*	3x.
PHOSPHORUS	*Phos.*	3x, 3, 6.
PHYTOLACCA DECANDRA	*Phyto.*	ø, 1x, 3x. (See F. 9).
PLATINA	*Plat.*	3x, 5, 6, 12.
PLUMBUM	*Plumb.*	3x, 3, 5. (See F. 17).
PODOPHYLLUM	*Podoph.*	ø, 1x, 3x.
PULSATILLA	*Puls.*	ø, 1x, 3x, 3, 6.
QUININE, *see* SULPHAS QUINÆ *and* CHININUM SULPH.		
RANUNCULUS BULBOSUS	*Ran.-Bulb.*	ø, 1x, 3x, 3.
RATANIA	*Ratan.*	1, 3x.
RHEUM	*Rheum*	3, 3x.
RHODODENDRON	*Rhod.*	1, 1x, 3.
RHUS TOXICODENDRON	*Rhus*	1x, 3x, 3 ; ø ext. (See F. 26.)
ROBINIA	*Rob.*	ø, 1x, 3x.
RUMEX CRISPUS	*Rumex*	ø, 1. (See F. 54, 55, and 56.)
RUTA GRAVEOLENS	*Ruta*	1, 3x ; ø ext.
SABADILLA	*Sabad.*	ø, 1, 3x, 3.
SABINA	*Sabi.*	ø, 1x, 3x.
SAMBUCUS NIGER	*Samb.*	ø, 1x, 3x, 3.
SANGUINARIA CANADENSIS	*Sang.*	1x, 1, 3x.
SANTONINUM	*Sant.*	1x, 1.
SARZA	*Sarz.*	ø, 1x, 3x.
SECALE CORNUTUM	*Sec.*	ø, 1x, 3x, 3.
SENECIO	*Senec.*	ø, 3x.
SENEGA	*Seneg.*	ø, 1x, 3x.
SEPIA	*Sep.*	6, 12, 30.
SILICEA	*Sil.*	3x, 6, 12, 30.
SPIGELIA	*Spig.*	1x, 3x, 3, 6.
SPONGIA	*Spong.*	1x, 3x, 3.
STANNUM	*Stann.*	3x, 5, 6, 12.
STAPHYSAGRIA	*Staph.*	1x, 3x, 3, 6.
STILLINGIA	*Still.*	ø, 1x, 3x.
STRAMONIUM	*Stram.*	ø, 1x, 3x, 3.
STRYCHNIA	*Strych.*	1, 3x, 6, 12.

Name.	*Abbreviation.*	*Attenuation.*
SULPHAS QUINÆ	*Sulph.-Quin.*	gr. $\frac{1}{6}$, 1x, 1—6.
SULPHUR	*Sulph.*	0, 3, 6, 12. (See F. 43 and 57.)
TABACUM	*Tabac.*	3x, 3, 6.
TARAXACUM	*Tarax.*	0, 1x.
TELLURIUM	*Tellur.*	3, trit. 5, 6, 30.
TEREBINTHINA	*Tereb.*	ø, 1x, 3x.
TEUCRIUM	*Teuc.*	1x, 3x; ø ext. Also the dried herb, finely powdered, taken as snuff in polypus, etc.
THUJA OCCIDENTALIS	*Thuja*	3x, 6, 12; ø ext.
URANIUM NITRICUM	*Uran.-Nit.*	1x, 3x.
URTICA	*Urt.-U.*	ø, 1; ø ext. (See F. 27.)
UVA URSI	*Uva*	ø, 1x, 3x.
VALERIANA	*Val.*	ø, 1x.
VERATRUM ALBUM	*Ver.-Alb.*	1x, 3x, 3.
,, VIRIDE	*Ver.-Vir.*	1x, 3x, 3; ø ext. (See F. 13 and 28.)
VERBASCUM	*Verbas.*	ø, 1x, 3x, 3.
VINCA MINOR	*Vinca M.*	0, 1x, 3x.
VIOLA ODORATA	*Viola O.*	0, 1x, 3x.
,, TRICOLOR	*Viola Tric.*	ø, 1x, 3x.
XANTHOXYLUM FRAXINEUM	*Xanth.*	0, 1x, 3x.
ZINCI VALERIANAS	*Zinc.-Val.*	1, 3x.
ZINCUM METALLICUM	*Zinc.*	3x, 5.

APPENDIX.

Name.	*Abbreviation.*	*Attenuation.*
ECHINACEA ANGUSTIFOLIA	*Echin. a.*	ø, 1x, 3x.
GUNPOWDER	*Gunp.*	3x.
PLANTAGO MAJOR	*Plant.*	ø.

HEALTH RESORTS.

It is sometimes difficult for the Medical Attendant to decide off-hand on the best place to send a convalescent or patient suffering from some incipient or chronic complaint. With a view to assist his selection, a list of the principal Health Resorts in this country and abroad is appended, with a concise summary of their properties. Nothing is more important than fixing upon a suitable place for invalids to recruit, and although Britain possesses many excellent " spas " and " baths," there is a strong tendency, with those who can afford the luxury, to go abroad ; and no doubt the entire change produced by a visit to the Continent in surroundings, food, climate, and scenery, together with the more complete and skilful treatment involved, is most beneficial in many cases :—

Aix-les-Bains, France, Savoy, 360 miles from Paris.—May to Sept. Altitude, 850 feet. One of the most famous bathing-places in France. Hot sulphuretted waters. Arthritis, rheumatic gout, cutaneous diseases, and obesity.

Aix-la-Chapelle, Germany.—Sulphur alkaline waters, for gout, chronic rheumatism, and paralysis. Especially noted for treatment of chronic syphilis by mercurial inunction.

Algiers, 36 hours from Marseilles.—Feb., Mar., and April. Asthma, bronchitis, and pulmonary complaints generally.

Arcachon, France.—A spring and autumn resort protected from the Atlantic gales by pine forests. Pulmonary troubles. Sea and sand baths.

Baden-Baden, Germany.—One of the most celebrated saline baths in Europe. Gout, rheumatism, catarrh of mucous membranes, etc.

Bath, Somerset, 107 miles from London.—Sept. to June. Saline, sulphate of lime, and carb. of iron waters. Lately found to be markedly radio-active. Chronic gout, rheumatism, nervous diseases.

Biarritz, France, Basses Pyrénées. June to November. The climate is sedative and bracing, suitable to persons of a lethargic constitution ; fully exposed to the strong Atlantic waves. Fine sea bathing. Good for chronic invalids, hysteria or hypochondria.

Bourboule (La), France, 295 miles from Paris.—Altitude, 2,700 feet. Muriated alkaline arsenical waters, useful in scrofula and glandular enlargement, lupus, eczema, psoriasis, and other skin diseases, anæmia, etc. A summer resort.

Bournemouth, Hants.—November to April. Climate mild. Surrounded by sea and pine woods. Asthma, bronchitis, and pulmonary troubles.

Buxton, Derbyshire, 160 miles from London. Altitude, 1,000 feet. Amid most beautiful scenery—summer and autumn. Fine air, slightly saline water, rich in nitrogen. Rheumatism, gout, joint affections, neuralgia, sciatica, spinal complaint, and chronic forms of paralysis.

Cairo and **Egypt.**—November to April. Climate dry and equable, exhilarating. Pulmonary and nervous diseases.

Canary Islands, 4 to 5 days from Plymouth. Las Palmas, Orotava, and Teneriffe are excellent winter resorts for those suffering from pulmonary troubles and nervous irritability.

Cannes, France, 655 miles from Paris. October to March. One of the best known winter resorts on the Western Riviera. Magnificent views, fine country, bathed in sunshine. Chlorosis, bronchial affections, rheumatism, gout, Bright's disease, tuberculosis, and general debility.

Carlsbad, Bohemia. Altitude, 1,214 feet. April to October. One of the largest bathing stations in Europe.—Hot mineral, purgative, diuretic, and resolvent waters, catarrhs of mucous membranes, congestion of liver, urinary calculus, gravel, chronic gout, diabetes, obesity, etc.

Contrexeville, 233 miles from Paris.—Altitude 1,000 feet. May to September. Alkaline waters with lime, lithia, and iron. Is situated in the heart of the Vosges mountains. The waters are highly praised in the case of diseases of the urinary organs, gravel and gout, and glycosuria ; they are slightly laxative.

Davos-Platz, Switzerland, is one of the highest inhabited places in Europe, being about a mile above sea level. Possesses a dry, cold, stimulating climate and is one of the most successful winter resorts for consumptive patients in the earlier stages.

Droitwich, Worcestershire, 114 miles from London. —Noted for its powerful brine baths, which are useful in rheumatism, gout, lumbago, and neuralgic affections generally.

Eaux Bonnes, Pyrénées, 446 miles from Paris.— Altitude, 2,460 feet. Warm sulphur springs. A great resort for those suffering from chronic affections of the chest, larynx, and respiratory organs, phthisis or chronic bronchitis. Much frequented by actors and clergy with chronic sore throat. The climate is soothing, and the excursions into the mountains and neighbouring pine woods are delightful.

Ems, Germany, 375 miles from Paris.—May and September. Climate mild. It is essentially a ladies' bath. The hot alkaline waters are good for catarrh of mucous membrane, sterility, nervous dyspepsia, and chronic gout. It is a most agreeable place to spend a month or so.

Engadine, *viâ* St. Gothard and the Italian lakes. In the *lower* Engadine we find the *Tarasp Spa,* and in the *higher* Engadine we have, amongst other places, *Pontresina, Saint Moritz, Campfer, Silva Plana,* and *Maloja,* varying from 4,000 to 6,100 feet above the sea level. The iron waters and pure clear mountain air of St. Moritz are well known. The village of St. Moritz is the highest in the upper Engadine. The mountain views are very fine, and the water is strongly charged with carbonic acid, which makes it pleasant to drink, but somewhat constipating. It is certainly useful wherever iron is indicated, as in anæmia, chlorosis, general debility, chest or nervous affections, chronic leucorrhœa, tuberculosis, and convalescence after severe disease. The still summer nights and dry atmosphere, with its bright, stimulating and somewhat cold air, renders it peculiarly adapted to allay nervous excitement and irritability. As a climatic mountain resort it is unequalled.

Evian-les-Bains, on the lake of Geneva.—Much frequented in the summer months. Cold calcareo-bicarbonated waters, diuretic and tonic.—They are given in large quantities, and are useful in the elimination of uric acid.

Falmouth, Cornwall, 306 miles from London.—A good winter place for chronic pulmonary disease and all throat and chest affections.

Gastein, or **Wildbad-Gastein,** Austria, *viâ* Munich to Lend.—Altitude, 2,900 feet. The thermal hot springs are especially commended for nervous affections, neuralgia, hypochondriasis, gout, the decay of old age, locomotor ataxia, spermatorrhœa, and all forms of weakness.

Glion, near Montreux.—Altitude, 2,300 feet.—A pleasant summer resort, possessing fine views. Air very bracing and invigorating. Recommended for nervous affections, convalescents, consumptives, and weakly children.

Grindelwald, Switzerland, *viâ* Interlaken.—Altitude, 3,460 feet.—Climatic mountain station. Good for anæmia, chlorosis, etc. Scenery, superb.

Harrogate, York.—Altitude, 400 feet.—Dry, pure, and invigorating air. It is much sought after as a permanent residence. Has an excellent water supply. Possesses no fewer than 80 known springs, chiefly sulphur, but has in addition saline and chalybeate waters—stimulant and aperient. Chlorosis, herpes, obesity, uterine disorders, lead poisoning, gout and rheumatic affections.

Homburg-les-Bains, Germany.—Saline ferruginous springs. A fashionable resort. Dyspepsia, chronic constipation, catarrh of stomach or intestines, hepatic trouble, malaria, gout, and anæmia.

Hyères.—November to June. One of the oldest health resorts on the French Riviera. Very suitable for phthisis and chest troubles. Recommended in asthma and emphysema.

Kissingen, Bavaria.—Altitude, 602 feet. May to September. Saline salt springs with free carbonic acid. Tonic, purgative, and diuretic. One of the most popular spas in Europe. Good for atonic dyspepsia, nervous complaints, catarrhs of mucous membranes, gout, rheumatism.

Kreuznach, Germany, near Mayence.—May to October. Bromoiodinated saline waters, celebrated for the treatment of tubercular and glandular enlargements, gout and skin diseases.

Locarno, on the Lago Maggiore.—Spring and autumn. Whey and grape cure.

Madeira, *viâ* steamer from Southampton.—Winter health resort. Phthisis and chest complaints generally; a charming winter resort for those able to stand the sea journey.

Malvern, Worcestershire.—Air dry, mild, and bracing. Hydro. Chest diseases, rheumatism, neuralgia neurasthenia, dyspepsia, anæmia.

Marienbad, Bohemia, 905 miles from Paris.—Altitude, 1,912 feet. May to September. Cold alkaline-sulphated springs with iron. Limpid, without smell, giving a sharp salt taste, not, however, disagreeable. Iron mud baths. Obesity, congestive headache, hæmorrhoids, catarrhal dyspepsia, syphilis, gout, intestinal obstructions, etc.

Matlock, Derbyshire.—Chief constituents of the water are carbonate of calcium, sulphate of magnesia, and chloride of sodium. Chronic rheumatism, gout, chorea, etc. Situated on the wooded slopes of the Derwent valley.

Mont Dore, France, 289 miles from Paris. Hot sodio-bicarbonated springs containing a small quantity of arsenic. Noted particularly for its sprays and inhalations in the treatment of asthma, bronchitis and throat affections.

Nauheim, Germany, 454 miles from Paris.—Hot salt-water springs containing CO_2. Sciatica, gout and rheumatism, scrofula and tuberculosis. Noted for the treatment of heart disease by effervescing brine baths and massage (Dr. Schott).

Nice, *viâ* Lyons and Marseilles.—A health and pleasure resort in the winter months, protected from east winds. Clear blue skies, with brilliant sunshine.

Pau, Basses Pyrénées, 475 miles from Paris.—Altitude, 660 feet. Winter health resort. The climate is peculiarly sedative, free from winds, and specially adapted to nervous people having a tendency to febrile excitement.

Peebles, Scotland.—Hydro.

Pfaffers, Switzerland, *viâ* Bale.—Romantic scenery. Good mountain air.

Rothesay, Scotland.—Hydro. Climate mild and equable.

Royat, France, 261 miles from Paris.—Altitude, 1,480 feet.—May to October. Springs contain arsenic, iron and lithia, effervescent, making a most agreeable drink. Atonic gout with anæmia, dyspepsia, and catarrh of mucous membranes.

St. Moritz, *see* Engadine.

Schlangenbad, German, 8 miles from Wiesbaden. —Altitude, 950 feet.—" Indifferent earthy baths " ; soothing treatment for patients suffering from hysteria and neurasthenia. A quiet secluded spot suitable to nervous patients.

Sulzbrunn, Bavaria.—Altitude, 2,860 feet. May to October. Iodine waters, combined with magnesium and sodium. Tubercle, glandular swellings, goître, chronic syphilis, and gout.

Ventnor, Isle of Wight.—A favourite winter resort for those suffering from chronic chest complaints. An ideal place for winter residence.

Vevay, close to Montreux.—Altitude, 1,250 feet. Noted for its mountain air, and grape and whey cures. Recommended as an after-cure for patients who have taken a course at Vichy, Aix-les-Bains, Carlsbad, etc.

Vichy, 228 miles from Paris.—May to October. Alkaline springs, with and without iron. Dyspepsia, hepatic and renal disorders, gout, diabetes, dyspepsia, catarrhs and malarial cachexia.

Wiesbaden, *viâ* Metz.—Alkaline saline waters of a muddy brown hue. Is one of the most popular spas in Germany. The treatment is both internal and external. Gout, catarrh, tubercle, leucorrhœa, diabetes, eczema, etc. ; in fact, the baths and waters are stated to cure almost everything that is curable.

Worthing, Sussex.—Summer and autumn. Sheltered from the north and east winds by the South Down hills.

MATERIA MEDICA APPENDIX.

By Dr. Clarke.

Potencies.

A reader of the *Vade Mecum* who is in an official position in the East and is often thrown on his own resources for medical aid said the other day that he wished the question of potencies had been dealt with rather more fully. On page 63, and again on page 995, will be found a list of remedies with the potencies or attenuations recommended for use. These are what is generally known as "low." The reason of this is that in domestic prescribing the indications taken must be somewhat broad and general, and the lower attenuations cover a wider field of action. At the same time the higher potencies need not be neglected, and those who are skilled in the use of these would be well to provide themselves with a supply. A small case fitted with half-drachm bottles with perfect necks and sound corks and filled with globules of the 30th potency of the most important remedies would be found of great use. Of these four or five globules would be sufficient for a dose. Or these may be dissolved in an ounce of water and a teaspoonful of this given as often as desired. When the indications are clear and precise the higher potencies are to be preferred to the lower. When the indications are more general, the lower will be more likely to give good results.

I am writing now for those who may find themselves in out of the way corners of the earth, and who may be thrown on their own resources, far away from homœopathic pharmacies.

The potencies of homœopathy are made in two " scales " —the decimal and the centesimal. The centesimal scale is denoted by plain numerals, " 1," " 2," " 3," etc. The decimal scale is denoted by the letter *x* appended to the numeral, " 1*x*," " 2*x*," " 3*x*," etc.

In the centesimal scale, which was the one used by Hahnemann, each number is made by adding ninety-nine drops of spirit to one drop of the strong tincture, or of the previous number. The strong tincture is denoted " ϕ " and one drop of this shaken up with ninety-nine drops of spirit makes *No.* 1—that is 1 *centesimal.* One drop of this contains $\frac{1}{100}$th of a drop of the original tincture.

In the decimal scale one drop of the original tincture is skaken up with nine drops of spirit, and this makes *No.* 1*x*—that is 1 *decimal.* One drop of this contains $\frac{1}{10}$th of a drop of the original tincture.

The 2nd centesimal is made by adding ninety-nine drops of spirit to one drop of No. 1. This makes No. 2. Suppose the drug is Aconite ; this will be " Aconite 2."

The 2nd decimal is made by adding to nine drops of spirit one drop of the 1*x*, and shaking together. Suppose, again, that it is Aconite we are dealing with, this will be " Aconite 2*x*." It will be seen that this as far as the amount of material goes is nearly identical with " Aconite 1." But it has been reached at two separate stages of dilution, so they are not absolutely identical.

The pharmaceutical directions are that the attenuations should be made with Rectified Spirit. If sufficient spirit is not available for making dilutions, pure water may be used instead until the number wished for is reached, and for the last spirit must be used. That is to say, if No. 6 dilution is wanted all dilutions up to No. 5 may be made with water and then one drop of this added to ninety-nine drops of spirit will make No. 6, and this can be kept for dispensing or for medicating pilules, tablets, discs, globules, or powders.

The same applies to the decimal degrees. The reason why a spirit preparation is essential for the final preparation is that watery dilutions cannot be used for the purpose of medicating sugar of milk, pilules, etc. Watery solutions would melt these. In the case of acids, watery solutions are essential for the lower attenuations and it is not until No. 5 centesimal is reached that we can have a permanent spirit preparation. So in prescribing acids, No. 5 is a good potency to use as it is available for dispensing in all ways.

In the case of insoluble substances the method of attenuation is by trituration in the first parts. But at No. 5 (centesimal) they may all be obtained in the liquid form from which pilules, tablets, etc., may be medicated. These preparations are extremely convenient for dispensing and carrying about.

The method of attenuating insoluble substances is by graduated trituration with sugar of milk. These are made in the centesimal scale, and the decimal scale just in the same way as the spirit preparations. One part of the crude substance is ground up with ninety-nine parts of sugar of milk for the 1st centesimal, and with nine parts of sugar of milk for the 1st decimal preparation. Any of these lower attenuations of metals, etc., may be dispensed in the form of powders, or as compressed tablets, which, again, are a very convenient form of dispensing.

GUNPOWDER 3x.

THERE are one or two additional remedies which possessors of the *Vade Mecum* would be well to lay in stock. The first in importance is *Gunpowder.* Black Gunpowder—the old article comprising a combination (not a mixture simply) of *Carbon, Sulphur* and *Saltpetre*—is an invaluable remedy of very wide range that should be in every domestic pharmacopœia. I have nearly always used it in the 3x potency and tablets of the trituration, or the triturated powder itself in five to ten grain doses are the most convenient form for dispensing. I repeat it generally three to four times daily. I mentioned it under *Kali nitricum,* one of its ingredients, in my *Dictionary of Materia Medica,* but we owe to the writings of the Rev. Roland Upcher, Rector of Stradbroke in Norfolk, and Canon of Peterborough, its introduction into the Homœopathic Materia Medica as a separate item. Mr. Upcher's graphic description of its uses among East Anglian shepherds and his own deductions therefrom, will be found in many back numbers of the HOMŒOPATHIC WORLD. These have been incorporated in a pamphlet of my own, "*Gunpowder as an Internal Remedy.*"

The indications for *Gunpowder* may be gathered from the experience of the shepherds who cured themselves when getting their hands poisoned by handling sheep affected with "scab." It therefore covers a very wide range of "blood-poisoning." I cured with it children affected with skin disease caused by the dust of the Jamaica earthquake. All kinds of "festers," also boils, abscesses and skin-eruptions may come within its range. Those who are going into the less civilised regions cannot do better than fortify themselves with a good stock of *Gunpowder* "3*x*," either in the form of trituration or tablets.

ECHINACEA.

Another remedy which is also related to blood-poisoning and which all who visit the tropics should take with them is *Echinacea Angustifolia.* Its special efficacy is in febrile states caused by various kinds of blood-infections and in pyæmia. In five-drop doses of the φ tincture it has done notable service for me in a case of "Coli-fever"—that is fever caused by bacillus coli infection—contracted in India. In all continued fevers of non-specific type it is of great value. It is allied in action to *Baptisia,* but the latter corresponds more closely to the typhoid type of fever and the fever of influenza. It has been used principally in the lower attentuations and φ tincture. Travellers to the tropics would do well to take a good supply of this with them.

PLANTAGO.

A medicine of great utility and less known than it should be is the common Plantain, *Plantago major.* It is a neuralgic remedy of the first order, and may be painted on to any part where pains are not too deep to be got at. For ear-ache it may be dropped into the ear, and for toothache it may be rubbed on the gums. For all kinds of neuralgia it may be painted on the part affected or rubbed gently over it. It is non-poisonous.

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GLOSSARY OF MEDICAL TERMS.

a—Signifies *an equal quantity of each.*

bnormal—A condition that deviates from health. An abnormal state may be hereditary or acquired.

cicular—Long and pointed; a term applied to certain crystals.

coustic—Concerned with the function of hearing.

dipose—Fat.

gglutination—A condition wherein substances adhere together.

lbumen—A complex organic compound derived from protoplasm.

-algia—This termination signifies pain, thus neur-algia is pain in a nerve.

lopecia—Baldness.

mentia—Imbecility.

morphous—Shapeless.

mylaceous—Starchy.

næsthesia—A condition of insensibility to sensations of pain.

neurism—A dilatation of an artery, generally sacculated in shape.

ntigalactics—Drugs that check the secretion of milk.

ntiseptics—Substances that tend to check putrefaction and bacterial growth.

orta—The main artery of the body, springing from the heart.

phasia—Inability to speak from a lesion in the brain.

phonia—Inability to use the voice except in a whisper.

phrodisiacs—Drugs that stimulate sexual desire.

pnœa—A condition wherein the respiratory movements cease for a brief period.

Apyrexia—Pyrexia is fever, and apyrexia a non-febrile state.

Ascites—A condition wherein fluid accumulates in the abdominal cavity.

Assimilation—Power of absorption of food and of building up body tissue.

Ataxy—Inability to co-ordinate muscular movements.

Atheroma—A disease which involves degeneration of blood vessels, chiefly of arteries.

Atonic—Lacking tone.

Auscultation—The art of using the stethoscope to distinguish the sounds in heart and lungs and draw conclusions therefrom.

Bronchi—The divisions of the air tubes leading from windpipe to lungs.

Bruit—A murmur heard accompanying or replacing normal heart sounds.

Bullæ—Large blisters.

Butyric—One of the common organic acids.

Cachectic—In a state of exhaustion and weakness from chronic disease, especially cancer.

Calcareous—Containing lime.

Calculus—A stone; a collection of mineral matter either in bile ducts, kidney or bladder.

Callosity—A corn.

Capillaries—The smallest blood vessels—placed between arteries and veins.

Caries—Inflammation of bone—generally Tubercular.

Catamenial—Related to monthly period of women.

Cerebral—Pertaining to the brain

Ceruminous—Pertaining to Cerumen or ear-wax.

Cholesterine—A substance derived from bile and the principal ingredient of gall stones.

Chordee—Painful and persistent erection of the penis.

Choroid—A structure of the deeper parts of the eye.

Climacteric—The change of life in women : the time of cessation of menstruation.

Clinical—Concerned with disease in its practical aspects.

Colic—Spasm of the bowel.

Coma—Profound unconsciousness due to grave disease.

Concussion—The condition of the brain that results from direct injury ; often followed by coma (*q. v.*).

Confluent—Running together.

Contusion—Bruise.

Coronary—The blood vessels that nourish the heart structure are called the coronary vessels.

Cortical—Concerned with the cortex or surface of the brain.

Crepitation—A crackling sound heard by the stethoscope in certain affections of the lungs.

Cretinism—A condition of arrested development due to insufficiency of the thyroid gland.

Cricoid—The Cricoid cartilage is part of the structure of the larynx.

Crural—Relating to the thigh.

Crypt—A hollow.

Cutaneous—Pertaining to the skin.

Demulcent—Soothing in its local application to the throat.

Deodorise—To remove foul odours.

Desquamation—Peeling or shedding of flakes of skin.

Diagnosis—The determination by the physician of the nature of an illness.

Diaphragm—The sheet of muscle and tendon separating the chest from the abdomen ; th mid-riff.

Diathesis—A tendency of the individual to certain disease manifestations.

Diluents—Agents for diluting concentrated fluids.

Distal—In reference to fixed points (*e.g.*, a joint), the parts nearer the centre of the body are called proximal, those more removed, distal.

Diuretic—Causing increased secretion of urine.

Duodenum—The first part of the bowel, next to the stomach.

Dura Mater—A membrane lining the skull and covering the brain.

Dys—This prefix implies pain or difficulty. Thus, dys-phagia is difficulty in swallowing.

Dyscrasia—An old term for a chronic disease.

Dysphagia—Difficulty in swallowing.

Dyspnœa—Laboured breathing.

Dysuria—Pain and difficulty in urination.

Ecchymosis—A bruise, or extravasation of blood under the skin.

Entozoa—A general name for worms of a variety of kinds.

Efflorescence—The "coming out" of an eruption.

Effusion—The accumulation of fluid in chest or abdomen or joint.

Embolism—A blood clot driven into a small vessel and blocking it.

Emphysema—A condition of dilatation and destruction of the air vesicles of the lungs.

Emulsion—A fine suspension of an oily substance in a watery medium.

Enchondroma—A cartilaginous tumour.

Endemic—Constantly present; used of diseases in distinction to Epidemic.
Epigastric—The upper part of the abdomen.
Epilation—Removal of hair.
Epithelial—Concerned with Epithelium, the layer lining the cavities of the body, alimentary canal, etc.
Eructation—Belching.
Etiology—The science of the causes of disease.
Exacerbation—an aggravation or worsening.

Faradisation—The use of the induced electric current.
Fibroma—A fibrous tumour.
Fomites—A term used of clothes, etc., that have been in contact with a patient and may convey infection.

Gangrene—Death of a portion of the body: *e.g.*, a finger or toe. It is the result of bacterial action or failure of blood supply.
Glairy—Thick and sticky, like paste or glue.

Heartburn—Pain and burning behind the breastbone, the result of dyspepsia.
Hemicrania—Pain affecting half the head.
Hepatic—Concerned with the liver.
Heterogeneous—Of different kinds.
Homogeneous—Of a similar kind.
Hygrometric—Concerned with the measurement of degrees of moisture.
Hyperidrosis—Excessive sweating.
Hypertrophy—Over-growth.
Hypochondriac—Used of complaints that appear to lack a physical recognizable basis.
Hypodermic—Beneath the skin: Used of medication inserted beneath the skin with a hollow needle and syringe.
Hypogastric—Lower part of the abdomen.

Idiopathic—Peculiar and individual qualities are called idiopathic.
Idiosyncrasy—A personal well-defined characteristic, *e.g.*, a susceptibility to a special drug.
Impaction—The blocking of a passage by accumulation of some of its contents: *e.g.*, fœces in the bowels.
Incubation—The stage of development of an acute illness before symptoms appear.
Ingesta—Substances taken into the body as food and drink.
Intercostal—Between the ribs.
Intervertebral—Between the vertebræ or bones of the spine.
—itis—This termination implies inflammation: *e.g.*, Gastritis, inflammation of the stomach.

Jactitation—Jerking.

Labyrinth—Part of the inner ear.
Laryngotomy—The operation of cutting into the larynx.
Lenticular—Affecting the lens of the eye.
Lienteria—Passage of undigested food with the motions.
Lithotomy—The operation of opening the bladder to remove stone.
Lumbar region—Region of the loins.

Maceration—Steeping in fluids.
Macula—A fleck or spot.
Malignant—Usually used of cancerous diseases but also applied to virulent forms of acute diseases.
Mesenteric—Pertaining to the mesentery or fibrous tissue supporting the bowel.

Metacarpal—The bones of the palm of the hand.

Metastasis—a development of disease (*e.g.*, cancer) away from its original site.

Myalgia—Pain in muscles.

Neurotic—Symptoms that seem to be mainly subjective and nervous.

Occipital—Concerned with the back of the head.

Œdema—Dropsy.

Œsophagus—The gullet.

Osmosis—The passage of substances in solution through animal membranes, *e.g.*, cell walls.

Orchitis—Inflammation of the testicle.

Ossification—Becoming bony.

Papule—A small swelling on the skin—a pimple.

Paraplegia—Paralysis of both sides of the body.

Pathognomonic—Distinctive of a special disease.

Pathology—The science of the nature of disease.

Percussion—A mode of examining the chest by testing its resonance when struck by the fingers.

Petechiæ—Small subcutaneous hæmorrhages.

Phalanges—The fingers or toes.

Plethoric—Over-supplied with blood.

Prognosis—The forecasting by the physician of the probable course of a disease.

Prophylactics—Agents designed to ward off a possible invasion of disease.

Psychical—Concerned with the soul or mind.

Rigor—A shivering fit.

Resolution—The clearing up of inflammation in lung or elsewhere.

Salivation—Increased flow of saliva.

Saphena—A large vein of the leg.

Sarcinæ—Small micro-organisms found in the stomach sometimes.

Scapulæ—Shoulder blades.

Sequelæ—After results of an acute disease.

Serous—Clear fluid without pus or matter.

Sinapism—Mustard plaster.

Slough—A small piece of tissue that dies as a result of inflammation and is shed.

Sordes—Small accumulations of debris on lips and gums in late stages of serious disease.

Specific—Of a definite character. Syphilis is sometimes referred to as specific disease.

Spicula—A small pointed fragment of bone or hard substance like a stone.

Sporadic—Used of scattered cases of disease, not Epidemic.

Stapes—One of the small bones of the ear.

Strangury—Inability to pass urine.

Styptic—Having the quality of arresting hæmorrhage.

Suppuration—Formation of pus or matter.

Synovial—Pertaining to the membrane lining joints.

Systolic—Concerned with the contraction of the cavities of the heart; Diastolic is concerned with their dilatation.

Talipes—Club foot.

Therapeutic—Concerned with the application of drugs to cure or relieve diseases.

Torsion—Twisting.

Toxæmic—Giving rise to blood poisoning.

Traumatic—Concerned with the results of injury.

Triturations—Substances prepared by fine subdivision with pestle and mortar and sugar of milk.

Tubercle—The result of the activity of the Tubercle Bacillus—a small mass of material.

Umbilical—Concerned with the navel.

Urates—Salts of uric acid.

Vascular—Pertaining to blood vessels.

Venereal—Concerned with diseases contracted by sexual intercourse.

Venesection—Bleeding by opening a vein.

Vesicular—Concerned with the air vesicles, the ultimate structure of the lungs.

Virus—Poison. Generally used of animal poisons, snake venom or disease poisons.

Zymotic—Infectious diseases like measles, scarlet fever, etc., characterized by an eruption.

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